



JPRS Report

Epidemiology

AIDS

REPRODUCED BY
U.S. DEPARTMENT OF COMMERCE
NATIONAL TECHNICAL INFORMATION SERVICE
SPRINGFIELD, VA. 22161

DTIC QUALITY INSPECTED 3

19981211 088

Epidemiology AIDS

JPRS-TEP-90-003

CONTENTS

5 MARCH 1990

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics will be covered in a later issue.]

SUB-SAHARAN AFRICA

CAMEROON

- 100 AIDS Cases Detected; Disease Spreading
[Claude B. Kingue; Yaounde CAMEROON TRIBUNE, 1 Dec 89] 1
- Blood Transfusion Guidelines To Limit AIDS
[Anyee Anyee; Yaounde CAMEROON TRIBUNE, 20 Nov 89] 1

GABON

- Chinese Aid for Anti-AIDS Research [Sophie Lenga; Libreville L'UNION, 7 Dec 89] 1
- AIDS Figures Reflect Only 'Tip of Iceberg' [Libreville L'UNION, 4 Dec 89] 2

IVORY COAST

- AIDS Cases Up: Recognized National Disaster [Paris LE MONDE, 10 Jan 90] 2

MADAGASCAR

- First Cases of AIDS Now Surfacing [Antananarivo MIDI MADAGASIKARA, 2 Dec 89] 3

MOZAMBIQUE

- AIDS Education Priority for Rural Areas [Ernesto Zucule; Maputo NOTICAS, 16 Oct 89] 3

NIGER

- Health Minister Responds to AIDS Figures [Niamey LE SAHEL, 1 Dec 89] 6

SENEGAL

- Health Minister Says AIDS 'Under Control' [Dakar LE SOLEIL, 1 Dec 89] 7
- Increased Availability of Condom Urged [Saphie Ly; Dakar SUD HEBDO, 30 Nov 89] 8

SOUTH AFRICA

- Number of AIDS Carriers Reaches 35,000
[Felicity Levine; Johannesburg SUNDAY TIMES, 14 Jan 90] 9
- Survey on Black Miners' Awareness of AIDS [Johannesburg SOWETAN, 27 Nov 89] 10

TANZANIA

- Devastation From AIDS Traced to Ancient Sex Mores
[Michael Ulveman; Copenhagen BERLINGKSE TIDENDE, 8 Jan 90] 11

ZAIRE

- Mobutu's Son in Belgian Clinic; AIDS Speculated
[London AFRICA CONFIDENTIAL, 15 Dec 89] 12

CHINA

AIDS-Free Health Certificates Required for Inbound Travellers [Hong Kong SOUTH CHINA MORNING POST, 2 Jan 90]	13
New Anti-AIDS Campaign To Focus on Youth [Andrew Bomford; Hong Kong STANDARD, 2 Dec 89]	13

EAST ASIA

HONG KONG

Trend Points to 30,000 AIDS Patients by Year 2000 [Helen Signy; Hong Kong SOUTH CHINA MORNING POST, 28 Dec 89]	15
Appeal for Early AIDS Tests as Two Die [Mary Ann Benitez; SOUTH CHINA MORNING POST, 29 Nov 89]	15

THAILAND

Health Minister Concerned Over Spread of AIDS [Bangkok BANGKOK POST, 7 Feb 90]	16
13,000 Have AIDS, Cases May Double by 1991 [Bangkok, BANGKOK POST, 1 Feb 90]	16
Plans To Upgrade AIDS Control Committee Approved [Bangkok BANGKOK POST, 7 Feb 90]	16
72 Percent of Chiang Mai Prostitutes Have AIDS [Ann Danaiya Usher; Bangkok THE NATION, 2 Feb 90]	17

EAST EUROPE

ROMANIA

AIDS Data Reported for First Time [Budapest NEPSZAVA, 8 Jan 90]	18
---	----

LATIN AMERICA

HONDURAS

Breakdown of AIDS Statistics Presented [San Pedro Sula LA PRENSA, 9 Jan 90]	19
237 Cases of AIDS Detected [San Pedro Sula TIEMPO, 3 Jan 90]	19
469 Confirmed AIDS Cases [Tegucigalpa LA TRIBUNA, 24 Jan 90]	20

PERU

AIDS Developments	20
Infection Estimates [Lima EL COMERCIO, 1 Dec 89]	20
Health Ministry Figures [Lima EL COMERCIO, 2 Dec 89]	20
Anti-AIDS Pill Announced [Lima EL COMERCIO, 3 Dec 89]	21

NEAR EAST & SOUTH ASIA

EGYPT

Minister Discusses AIDS Cases, Foreign Origin [Cairo AKHBAR AL-YAWM, 9 Dec 89]	22
--	----

INDIA

Number of AIDS Carriers Rising [Madras THE HINDU, 22 Dec 89]	23
--	----

IRAN

Six Reportedly Die of AIDS [London KEYHAN, 7 Dec 89]	23
--	----

TUNISIA

Conference on AIDS Sponsored for 1990 [Soufiane Ben Farhat; Tunis LA PRESSE DE TUNISIE, 3 Dec 89]	24
--	----

SOVIET UNION

Unified Strategy Needed To Combat AIDS [S. Tutorskaya; Moscow IZVESTIYA, 31 Aug 89]	26
Anonymous Testing of the Public for AIDS Virus Antibodies [V. V. Pokrovskiy, A. I. Mazus, et al; Moscow ZHURNAL MIKROBIOLOGII, EPIDEMIOLOGII I IMMUNOLOGII, No 3, Mar 89]	28
AIDS Testing Lab in Kiev [O. P. Purik Interview; Kiev RADYANSKA UKRAYINA, 13 Sep 89]	31
AIDS Discovered Accidentally in Foreign Students [G. Grin; Kiev RADYANSKA UKRAYINA, 8 Sep 89]	32

WEST EUROPE

CANADA

AIDS Victims Receiving Tainted Blood To Be Compensated [Mary Gooderham; THE GLOBE AND MAIL, 15 Dec 89]	33
AIDS National Program Delay, Incidence Reported	33
Delay in National Program [Christie McLaren; Toronto THE GLOBE AND MAIL, 8 Jan 90]	33
3,373 Cases [Andre Picard; Toronto THE GLOBE AND MAIL, 10 Jan 90]	34

DENMARK

Health Agency Seeks Law To Trace HIV In Blood Supply [Henning Ziebe; Copenhagen BERLINGSKE TIDENDE, 27 Jan 89]	34
AIDS Research Grants Announced [Henning Ziebe; Copenhagen BERLINGSKE TIDENDE, 12 Jan 90]	34
Insurance Firms Start Mandatory AIDS Testing [Uffe Gardel; Copenhagen BERLINGSKE TIDENDE, 8 Jan 90]	35
Studies Reveal AIDS Spread Patterns	35
Geographic Distribution [Copenhagen BERLINGSKE TIDENDE, 25 Nov 89]	35
25-30 Cases Monthly [Henning Ziebe; Copenhagen BERLINGSKE TIDENDE, 1 Dec 89] ...	36
Program Effectiveness Weighed [Copenhagen BERLINGSKE TIDENDE, 7 Dec 89]	37
Greenland Surgeon General Issues AIDS Warning [Ole Dall; Nuuk GRONLANDSPOSTEN, 5 Jan 90]	38

IRELAND

Reportage on Spread of AIDS Continues	39
Openness Urged, Statistics Given [Mary Carolan; Dublin THE IRISH NEWS, 2 Dec 89]	39
Increase Among Women [Geraldine Collins, Michael Lavery; Dublin IRISH INDEPENDENT 30 Nov 89]	40

ITALY

High Percentage of Women, Children With AIDS [Ennio Elena; Milan L'UNITA, 29 Nov 89]	40
--	----

SWEDEN

AIDS Prevention Funds Cut in 1990 Budget [Stockholm DAGENS NYHETER, 20 Dec 89]	41
--	----

SWITZERLAND

Cost of Treatment of HIV-Positives Debated [Zurich NEUE ZUERCHER ZEITUNG, 30 Dec 89]	41
---	----

UNITED KINGDOM

Health Department Reports AIDS Statistics [David Fletcher, Steve Connor; London THE DAILY TELEGRAPH, 12 Dec 89]	42
--	----

CAMEROON

100 AIDS Cases Detected; Disease Spreading

54000023B Yaounde CAMEROON TRIBUNE in French 1 Dec 89 p 5

[Article by Claude B. Kingue: "From Bad to Worse"; editor's lead is "Some regions of the world are more affected than others. But AIDS is spreading nonstop everywhere"]

[Excerpt] While there is no indication that a cure for AIDS will be developed anytime soon, the number of people infected with HIV is increasing. True, only a few poets and old madmen still doubt the existence of AIDS. Yes, the disease is unequally distributed, with some regions more affected than others. In Cameroon, for example, there are only 100 known cases. But here as elsewhere the peril, like the tide, is rising—irrepressible, or nearly so. One or two years ago for instance, the AIDS-prevalence rate in Cameroon was somewhere between 0.2 and 0.5 percent. Today it is 0.8 percent. The spread of the disease throughout sub-Saharan Africa has been just as rapid, if not more so. At the end of last year, the region had 20,778 AIDS victims. Nine months later the figure had jumped to 31,000. And if nothing is done, the number of Africans with AIDS will reach 1 million by the year 2000. Worrisome! [passages omitted]

Blood Transfusion Guidelines To Limit AIDS

54000023A Yaounde CAMEROON TRIBUNE in French 20 Nov 89 p 6

[Article by Anyee Anyee: "Reducing the Risks of AIDS Transmission"; first paragraph is editor's lead]

[Text] Action by health-care professionals should lessen the risk of AIDS infection through blood transfusions. That is one recommendation of the seminar on reducing blood transfusions held 15 to 17 November in Yaounde.

The workshop seminar on cutting back on blood transfusions, which began 15 November, ended last Friday in the CUSS (University Center for Health Sciences) "B" amphitheater. For three days participants came from the country's 10 provinces and established the directives for blood transfusion practice suitable for Cameroon.

The seminar participants described the country's current transfusion situation and took a hard look at how indications for transfusing blood and blood derivatives are defined. At the same time, they identified alternative solutions and how to promote their use.

This seminar is a new step in our country's long-term campaign to block the spread of AIDS. For as everyone knows, there is currently neither vaccine nor treatment against this illness. Research efforts [are focused on] the different avenues through which the virus affects individuals. The main avenue of infection is sexual in Cameroon. For now, efforts are being made to inform,

educate and communicate, to promote behavior that will protect individuals from the virus.

Another well-known source of infection is transfusion with untested, infected blood. This cause directly implicates all health-care professionals and "it is our actions that must enable the risks of transmission via transfusion to be reduced to the minimum," said Professor Lazare Kaptue, inspector general of the Ministry of Public Health.

Cameroon now has tests that can determine whether or not blood to be used for transfusion has been in contact with the virus. Besides these tests, our country has also begun training technicians and supplying laboratories with re-agents. But given the high cost of the latter, there is still a supply problem. For if it is good "to test blood, it is better still not to transfuse. Or at least not to do so except as a last resort."

GABON

Chinese Aid for Anti-AIDS Research

90WE0093A Libreville L'UNION in French 7 Dec 89 p 6

[Article by Sophie Leng: "A Chinese Mission in Our Country"]

[Text] Yesterday morning, Minister of Public Health and Population Dr Jean-Pierre Okias received PRC Ambassador An Feng-Shi who had come to propose to him his government's contribution to the meeting of sponsors of the midterm anti-AIDS national plan that was held recently in our capital.

According to the Chinese ambassador, this contribution is made up of two parts, one involving bilateral cooperation dealing mainly with the sending of a Chinese study mission to evaluate, together with Father Gassita, the significance of Gabonese medicinal plants that could provide a cure for AIDS.

With regard to the second part, devoted to multilateral cooperation, Chinese experts would be placed at our disposal to work with WHO technicians specifically in anti-AIDS research. It should be pointed out that this meeting with the minister of public health came about as a result of the participation of a Chinese embassy representative to the latest meeting of the sponsors of the anti-AIDS campaign on 27 November. An Feng-Shi also mentioned the confidence the Chinese people have in the curative properties of medicinal plants that are already providing positive results in his country, mobilized, following the example of the entire world, to find a reliable therapy capable of overcoming this illness.

Answering his guest, the health minister expressed his satisfaction in seeing cooperation in medicine and health between China and Gabon constantly increasing and also in seeing the dynamism with which the Chinese mission in our country works.

AIDS Figures Reflect Only 'Tip of Iceberg'*90WE0093B Libreville L'UNION in French
4 Dec 89 p 3*

[Article by N. d'A., from AGP [Gabonese Press Agency]:
"8,000 Positive AIDS Cases in Gabon"]

[Text] The AIDS detection method, called the "Anderson Method," has resulted in our specialized centers recording 8,000 AIDS cases in Gabon since 1986, the year when the first case was recorded. Close to 50 stricken persons have already died, according to a statement made by Minister of Public Health and Population Dr Jean-Pierre Okias last Monday.

Mr Okias, who on that day chaired a meeting of sponsors for the midterm anti-AIDS national plan, indicated that the positive AIDS rate in Gabon was close to two percent. According to him, the 8,000 cases provide us with the dimensions of the challenge to humanity and Africa, even if these figures represent only the "visible part" of the iceberg. This is a situation that the minister hopes to alleviate in conjunction with the help of the sponsors, but above all by counting on a worldwide effort that, perhaps, would permit completely wiping out this virus.

For the time being, there is no effective treatment of nor vaccine for AIDS. It is up to all to protect themselves as best they can while waiting for the campaign to be planned.

IVORY COAST**AIDS Cases Up: Recognized National Disaster***90WE0092A Paris LE MONDE in French
10 Jan 90 p 9*

[Article by J.de la G.: "The Great Distress of AIDS Patients"]

[Text] With a life expectancy of over 57 years, Ivory Coast ranks among countries with middle income thanks to effective vaccination programs and to a satisfactory supply of drinking water to rural populations. The health program budget is almost double the average such budget of sub-Saharan countries but the effects of the crisis are being felt more and more in hospitals. Prescriptions are filled but the medicine itself is paid for by the patients except for tuberculosis and leprosy cases. For operations to be performed, the patient himself must bring his own antibiotics and anesthetic drugs.

A civil servant mutual benefit insurance company used to partially make up for the absence of social security but it has ceased making payments. Completed in the spring, the Yopougon Hospital, the third CHU [University Hospital Center] of Abidjan, still had not opened at the end of the year because it lacked the 8 million francs to build up its stock of indispensable drugs.

Under such conditions the arrival of AIDS assumed dimensions of a national catastrophe that officials are no

longer trying to hide. The man who met the problem head on, namely Professor Koudou Odehoury, works at the Treichville CHU, a former nightclub quarter that is currently quiet because of the lack of security there and other evils of the times.

The spectacle of families of sick people preparing their meals out in the open in the middle of linens drying out on the grass lets us know at once about the very relative nature of the concept of public services. Nevertheless, this jolly kind of disorder stops at the entrance to the infectious diseases ward. Walking corpses that are dropped off there leave no doubt whatsoever about the nature of their illness. The 100 beds of the ward are occupied by "plague-stricken victims" of the last decade of the century, while bed "rotation" is quick given the fact that most victims arrive in the terminal phase.

Prof. Odehoury told us, "There are already enough problems getting nivaquine while you can just imagine that getting AZT is out of the question. Here alone we have three new cases a day. We must hope to find a vaccine or an effective drug, otherwise we are heading for a major disaster."

The first official figures were issued in October: 1,500 AIDS cases out of a population of 12 million inhabitants and 400,000 who tested positive. According to a survey conducted in February 1989 on 5,000 persons, the prevalence rate was 5 percent in the countryside and 7.3 percent in the cities. A high-ranking Ministry of Health official admitted, "We have made examinations beginning at age 15 with the result that we have come to an impasse with regard to children born to mothers who have tested positive and, believe me, that's a lot of people." Officially, the fact that there are four men for one woman among those reported ill is described as astonishing. The same Health Ministry official coolly explained, "It's very simply because a woman does not go to a hospital as easily as a man. There's no scientific mystery there."

For lack of offering these AIDS patients anything but a home for the aged, stress is placed on prevention and information. With the assistance of the EEC, a check and control plan of action to avoid blood contamination is scheduled to be put into effect in February. The WHO is contributing to setting up small detection centers where an examination will cost less than 20 francs. U.S. aid has furnished more than 3 million condoms and has promised 5 million more.

Alas, although AIDS has become commonplace it remains a "shameful" disease. An elected official of Abidjan told us, "I've just returned from the funeral of a friend's son. Everybody knew what it was all about but they made out as if it was tuberculosis." Nevertheless, the danger is now present in people's minds. Condoms are displayed near pharmacy registers. Women are accepting with more and more difficulty the existence of the "second office" (mistress) of their husbands. Even in high schools posters warn, "AIDS is there. It kills." A campaign entrusted to an advertising agency was

stopped in Abidjan because the hallucinating image of a sick person exposed in front of the city's traffic red lights was judged "bad for tourism." However, other warnings will be given over radio and television and plastered on walls.

A special team answers the telephone number 33-14-68, namely "AIDS Direct." An official said, "People now admit the reality of the problem." Calls are even coming in from neighboring countries.

MADAGASCAR

First Cases of AIDS Now Surfacing

90WE0107A Antananarivo MIDI MADAGASIKARA in French 2 Dec 89 p 1

[Article: "AIDS Is Here!"]

[Text] AIDS is really here! The first two of our seropositives have had their cases develop into the pathological phase. Doctor Jean-Jacques Seraphin, minister of health, acknowledged it yesterday in his message on the occasion of World AIDS Day.

True, there is no reason to panic. Statistically, Madagascar, with seven seropositive cases and only two manifestations of illness, is very far behind the most affected countries where seropositive cases are counted by the thousands. But it must also be recognized, since one of our two sick persons is a streetwalker, that the disease could have spread widely, since if she only "turns" around ten "tricks" per day that would be 1,000 to 1,500 "clients" per year! And, therefore, the same number of "spreaders" of the HIV virus!

We do not engage in these calculations in order to violate the obligation to respect the confidentiality observed in medical circles. Rather, it is to attract the public's attention to how easy it is for the terrible disease to spread.

Yes, unhappily, AIDS is indeed here.

MOZAMBIQUE

AIDS Education Priority for Rural Areas

90WE0051A Maputo NOTICIAS in Portuguese 16 Oct 89 p 4

[Article by Ernesto Zucule]

[Text] The public education programs pertaining to AIDS must continue to reach more of the less literate (in Portuguese) rural population, because it is this population sector which has the least access to written and broadcasted information in the official language. As a result, this stratum has greater difficulty understanding the seriousness of AIDS, even though its members have been provided with some idea of what the illness is. This is the first recommendation to emerge from a survey

made last June in the district of Manica, in the province of the same name, by Faculty of Medicine students at Eduardo Mondlane University. The results of this survey were presented by Gloria Macassa and Inacio Barreto during the recent 9-day Student Scientific Competition Campaign (JECE) sponsored by that faculty. This scientific work was not complete, but is of acceptable quality, and for this reason it won the second prize in the public health category. The study recommends the broad distribution of pamphlets explaining the use of condoms, among other things, and urges more intensive use of the national languages, both on radio and in pamphlets, so that target groups (those less well educated in Portuguese, but able to read and write in their local languages) can be assured of the ability to follow all of the educational programs.

The survey, which covered 630 persons in 30 different zones in the populated areas of Vanduz, Herois Mocimbanos, Jecua, Messica, Manica, Penhalonga, Mundonguara, Machipanda, Zona Tobacco, Tandara 1 and Tandara 2, Bandula, and Chinhuambuzi, including peasants, teachers, and IFLOMA [Manica Forest Industries Enterprise] and health workers, concluded that the least literate men and women—the females, above all—are those who know least about how AIDS is transmitted and prevented, because they have least access to the information broadcast by radio in the official language or published in the newspapers.

According to this study, understanding differs on the basis of education and sex. The better educated men had the largest percentage of correct answers, followed by the more educated women, the less educated men, and the less educated women.

This situation shows that newspapers and radio are the main sources of important information on AIDS for educated men and women. The main source for those less well educated is the newspapers. This hypothesis allows for the fact that not all of the information read or heard is passed on to third persons in the form it was heard on the radio or read in the newspapers.

Also, one of the conclusions reached as a result of the survey has to do with the differences in thinking and responses between men and women, depending on educational level, as to the position a spouse should adopt if his or her mate is afflicted with AIDS.

The majority believe that the spouse could care for his mate, but the uneducated men were more likely to believe that the husband of a woman with AIDS could divorce her. This attitude casts light on the threat AIDS poses for women, since they are least likely to know how the disease is prevented. They also receive the least information and most frequently have spouses who might divorce them if they had AIDS. This is the conclusion reached by the study following an analysis of the conduct of both sexes which took these differences into account.

Recommendations

Summarizing the results obtained on six points, the study urges the need to establish health education brigades for the purpose of explaining to the entire population, and mainly to the target group (less educated women), the nature and symptoms of the disease, and also ensuring broad distribution of pamphlets explaining the use of condoms in preventing AIDS.

Special attention is called to the need for the majority of the pamphlets to be written, when possible, in the local languages—those spoken and written by everyone in each of the areas, since often the peasants do not know how to read and write Portuguese but can read Bibles and other religious writings in their local languages.

The use of condoms should also be encouraged by means of discussions, with the introduction of attitudes allowing women to offer them to their partners and to persuade them to use them. On the other hand, coordination between the health and information bodies is urged, with a view to ensuring, for example, that the majority of the radio programs are broadcast, on the provincial level, in the national languages, and that whenever possible the pamphlets distributed in the provinces are written in the national language or languages most used (or at least read, since many individuals who cannot write can read) by the peasant population in the more remote zones.

Where radio programs are concerned, it is suggested that they be broadcast in the time periods which will reach the majority of the peasants in the target group.

It is recommended that regular seminars be held, with health workers, Red Cross aides, mass organizations, and other political and administrative bodies participating, for the purpose of providing an understanding about this disease, so that these participants can subsequently pass on this knowledge to the general population.

However, the recommendation of greatest interest is that urging that the provincial health offices be encouraged to train personnel and to carry out smaller local surveys in order to check on the development of knowledge, attitudes, and practices having to do with AIDS in the districts.

The publication of these conclusions and recommendations is being done by this writer in the belief that they pertain to situations which may be common to many districts and provinces in the country.

The Rural Survey

According to Gloria Macassa, this survey was carried out within the framework of the July Activities this year, for the general purpose of studying the Knowledge, Attitudes, and Practices (CAP) of the people with regard to the disease known as Acquired Immune Deficiency Syndrome, which has become known throughout the world as AIDS. Subordinate to this general interest,

there were specific goals pertaining to the Knowledge, Attitudes, and Practices with regard to this disease, as follows:

- In the knowledge category, it was necessary to learn about people's thinking concerning AIDS and the prevention of it; to know from what source of information the majority of the people have heard about AIDS, or where information about it came from; to learn what health workers think about the disease and what they are doing in health units to prevent it; and to establish whether people know about or use condoms.
- In connection with attitudes, an effort was made to learn how people feel about their sexual partners and about condoms.
- And in connection with practices, an effort was made to learn what the illiterate or less educated peasant would think and do if someone in his family, his spouse, or a friend were to contract the disease.

Combining this and other information in light of the survey, the students attempted to draft a study which would enable them to make better plans for district health education and to identify the target groups which should be the focus of the greatest attention, while at the same time familiarizing themselves with new research techniques in the public health sector.

Gloria Macassa said that the survey in Manica used individual, not group [eta, pas multiplas], methodology. She described it as the first such study to be carried out by students at the Faculty of Medicine, since normally the "WHO sampling method" is used.

The method employed covered individuals of both sexes speaking Portuguese or Chimanica between 15 and 50 years of age.

Prior to the survey as such, training work was done with 10 Red Cross aides who served as interpreters in all cases in which the interviews involved peasants who only spoke Chimanica. This process was followed by a pilot survey designed to train the teams. "And this was very good, because it enabled us to modify some features subsequently," Macassa recalled, adding that the teams carried out an average of 12 interviews each, and whenever an investigator knew or had known the subject, that interview was eliminated.

A Flood of Questions

The survey included 80 widely varied questions about the specific, general, and personal situation of an individual with regard to the disease. The questions were asked of a total of 630 individuals, 371 of whom were peasants, while the rest were teachers, health and IFLOMA workers, and displaced persons.

Some of the questions were: From whom did you hear about AIDS? Do you think it can be communicated by means of sexual relations? Could you live in the same house with an AIDS patient? Why can't some people

accept condoms? "All of the answers were confidential, and the interpreters were pledged not to discuss this work with anyone. Remember that the last part of the survey involved questions dealing with the intimate lives of those surveyed, and depending on their attitudes, some responded and others simply would not," Gloria Macassa said.

She stated that the survey made it possible to establish some interesting groups of answers. For example, concerning condoms, it was possible to determine that 26 percent of the men surveyed who had more than 3 years of schooling said that they did not like to use them because they "interfere with sexual pleasure," while this same response was also given by men with less education.

While 32 percent of the first group of men do not use condoms because they are "ashamed to buy them" (there are certain behaviors among peasants which are not surprising), 59 percent of those in the second group did not know about condoms as of the day they were questioned. Nearly 30 percent of the men with some education do not use condoms because "they do not want to be misunderstood by their partners," while 31 percent "do not have the money" to buy them.

Among the other interesting details is the confidence the individuals questioned have in the ability of doctors or medicine men to cure AIDS. More than 30 percent of the men expressed the belief that doctors can treat the disease, while about another 14 percent have faith in medicine men. The percentages reflect the level of education of each of the groups questioned, and it should be noted that based on these differences, the percentage rates for all the types of questions were classified in the categories high, medium, and low.

Generally speaking, the survey revealed that of those questioned, 85 percent already knew of the existence of a disease called AIDS, and a good percentage also knew about the condom under the name "julex" (this spelling merely represents the sound of the word as pronounced, since this reporter was unable to confirm the proper spelling of this word popularly used in Zimbabwe for condom).

The district of Manica is on the border with Zimbabwe, and is influenced in many ways by it. It suffices to note that in addition to Chimanica, the bulk of the population also speaks some of the national languages of that country. People listen more to radio broadcasts from Zimbabwe than from our country, a situation which is aggravated by the fact that our transmitter is not powerful enough to offset the mountainous nature of the district.

Inhabited by 99,801 persons, this district was chosen for the survey because it is a zone where the flow of individuals is steady, and people live in relative security.

It will be noted that individuals affiliated with the Beira Corridor project pass through Manica, and it also enjoys the advantage of having infrastructure which makes it a substantial tourist and leisure center in peacetime.

The province of Manica has an estimated 2 to 3 percent serum positive rate, and one case of AIDS was reported last May.

Researcher Is Proud

"I am honored to have done this work." This is how Gloria Macassa expresses her feeling of happiness at having been able to carry out the task assigned by the Faculty of Medicine within the context of the July Activities, and having won an award for the work.

Of the two separate themes presented during the most recent Student Scientific Competition Campaign on subjects pertaining to public health, entitled "Criminal Abortion in the City of Maputo" and "Survey of Behavior, Attitudes, and Practices (CAP) With Regard to AIDS in the District of Manica," both of which won three prizes, the latter received the only award.

Gloria Macassa makes no secret of her happiness of having been able to present an interesting scientific work, with the support of her colleague, Inacio Barreto. She said that this was an interesting experience, as well.

She stated that more surveys should be carried out in the rural sector, mainly in the districts, in order to obtain information about the impact of the health education programs related to AIDS, and others, and also in order to be able to complete the study.

She said that continuation of the research work through surveys of this type will make it possible, for example, for the health bodies to plan health education programs more effectively, and to make constant corrections to eliminate the methodological errors which sometimes hinder the development of the projects launched.

In the specific case of the programs pertaining to AIDS, which is a disease which is just beginning, "it is important that all available resources be put to use in order to make information about the disease known as widely as possible, thus helping all citizens to protect themselves."

Speaking with the simplicity and reserve which only a dedicated interviewer could bring to the surface, Gloria Macassa said that she feels fulfilled by this work, which has encouraged her to pursue her inclination to become increasingly involved in research.

"Whether or not the work proved good, I felt that I had performed a duty and carried out an obligation," she said, adding that the students received financial and material support from many bodies for carrying out the project.

"This is the result of that support, and nothing could justify it better than this."

Gathering the field data was done by a group of six Faculty of Medicine students. The processing and analysis of all of the data obtained was the responsibility of Gloria Macassa, who was assisted by Inacio Barreto, in conjunction with whom she presented the work at the JECE [not further expanded].

Gloria Macassa said that she and her colleague plan to make copies of the work to present to the bodies "which helped us."

NIGER

Health Minister Responds to AIDS Figures

90WE0105A Niamey LE SAHEL in French
1 Dec 89 p 12

[Excerpts from a speech made by the minister of public health on the second World Anti-AIDS Day]

[Text] Ladies and Gentlemen:

On this 1 December, 1989, all of humanity feels the great importance and utmost urgency of commemorating this second World Anti-AIDS Day. Niger, through my voice, joins member states of the World Health Organization [WHO] in participating in this momentous event.

No one today is unaware of the pandemic, swift acting, and murderous nature of this plague, which is exacting a heavy price from all peoples of the world—and Niger has not been spared.

In 1988, 120,000 cases of AIDS were reported in the world, 20,778 of which were in Africa.

- In September 1989, 2 months before the commemoration of the 2d World Anti-AIDS Day, 182,463 cases were counted in 152 WHO member countries, and our continent had 31,000, or a jump of 50 percent over 1988 figures.
- In Niger, there were 39 cases of AIDS reported in 1988. Studies conducted for the same period show seroprevalence in 0.5 percent of the general population, which means that five of every 1,000 people carry the disease virus. This seroprevalence is higher in at-risk groups: for the period in question it was 7.5 percent in prostitutes.
- In 1989, the latest national anti-AIDS report cited 56 cases, or a 22-percent increase in just one year.

That means, my dear fellow countrymen, that the AIDS situation is alarming and of the utmost concern to us. We are all concerned: men, women, young people, adults, and the elderly.

We must individually and collectively mobilize to block AIDS, a scourge against which we have neither medication nor an effective vaccine and [against which] our only weapon is prevention. [passages omitted]

We can and must mobilize and organize to effectively prevent this disease by adopting good health habits. In particular, we should:

- avoid dangerous sexual behavior by wearing condoms;
- use sterile material for injections and wound dressings;
- obtain tested blood before any transfusions.

Ladies and Gentlemen, to combat this scourge our country set up a National Anti-AIDS Program that has been functioning since 1987. This was done by drafting and implementing a short-term plan with the assistance of the World Health Organization and friendly countries and organizations. A National Committee for the Prevention and Surveillance of AIDS was created in 1987 and a national program director was named. A three-year medium-term program drawn up with the help of WHO in November, 1988 will, following evaluation by WHO, be the topic of the round table of moneylenders in January, 1990. The objectives of this medium-term program are:

- to prevent transmission of the human immunodeficiency virus;
- to reduce morbidity and mortality associated with HIV infection;
- to lessen the disease's impact on society.

The strategies adopted to reach these goals are:

- improving organization of the program;
- epidemiological surveillance and research;
- prevention of sexual transmission;
- prevention of transmission via contaminated blood;
- prevention of perinatal transmission;
- provision of psycho-emotional and social care of patients.

Ladies and gentlemen, this second World AIDS Day, which offers a wealth of information, must make us more aware of the real danger of extinction of the human race through HIV infection unless appropriate, urgent and simple measures are individually and collectively taken. Allow me to remind you that 20 percent of AIDS victims are young people between the ages of 20 and 30, that is, the able-bodied members of a given community. In Niger, 45 percent of the population is consists of young people. That is why, as part of our national movement for a Society of Development launched by the president of the high council of National Orientation, General Ai Saibou, I appeal to the spirit of cooperation of all, and of young people in particular, to fight against AIDS, a serious threat to our human capital.

I would like to take this opportunity to thank the World Health Organization for its unfailing support of my country in the fight against disease, in general, and AIDS, in particular. I would also like to take the same opportunity to appeal to bilateral and multilateral organizations and aid groups, nongovernmental organizations, and friendly countries to ask for their support in implementing our medium-term anti-AIDS program whose moneylender round table is scheduled for January, 1990.

Long live international cooperation.

Long live Niger.

I thank you for your kind attention.

SENEGAL

Health Minister Says AIDS 'Under Control'

90WE0097A Dakar LE SOLEIL in French
1 Dec 89 p 3

[Interview with Minister of Public Health Therese King
by Khalifa Mbengue on 30 November in Dakar]

[Text] Yesterday, on the eve of the commemoration of World AIDS Day, Minister of Public Health Therese King called on all Senegalese to join in the fight against this terrible scourge. The following is the complete text of her radio and television interview.

Mbengue: Madame Minister, the World Day Against AIDS will be commemorated throughout the world. Can you make clear to us the objectives targeted for this day?

King: As you just said, the entire world including Senegal will commemorate the World Day Against AIDS tomorrow. I will, first of all, mention that this day was chosen by the world summit of health ministers that met in London on 26-28 January 1988.

The first commemoration of this day in December 1988 met with a striking success. Indeed, it marked a great step forward in making the public more aware of the problem and in having it participate in prevention activities. So, for the second time now the World Day Against AIDS will be commemorated tomorrow with its theme "Youth and AIDS."

The objectives remain the same. They are the following:

1. Make the people more aware of the risks in contracting the disease by informing them about methods of transmission, stressing risky forms of behavior, and the means to protect themselves.
2. Increase prevention and anti-AIDS activities and programs at all levels of society.
3. Lay the foundations for continuous activities against AIDS because the fight against this scourge cannot assume a limited and restricted nature.
4. Inspire respect and compassion for people stricken with the disease.

Mbengue: The theme for the commemoration of the World Day Against AIDS is, therefore, "Youth and AIDS." Why this stress on youth?

King: The theme "Youth and AIDS" was the one chosen. You know that youth constitute the most important age bracket of our people. Youth, therefore, constitute the future of our country.

However, if we do not take care the hope we have in them risks disappearing, threatened as they are by the scourge of AIDS to which they are particularly exposed.

Statistics at hand reveal that the age bracket most affected by AIDS in Africa is the one between the ages of 20 and 30 both for boys as well as for girls.

At the rate AIDS cases in Africa is increasing, that is close to 50 percent each year, you can just imagine that if nothing were done our youth would be doomed to disappear.

In Senegal, the situation is still under control. The prevalence of AIDS positive cases, in other words the rate of AIDS virus carriers, is under one percent of the total population of the country.

However, the 269 AIDS cases that we have already registered must exhort us to become more vigilant and to implement more and more effective prevention programs targeted at groups whose behavior exposes them to risks of infection by the virus, particularly the young.

Often less informed of the risks that they are running to become infected, and more inclined than others to let themselves be tempted by dangerous behavior, young people will be the special target this year of information and warnings on the occasion of the World Day Against AIDS.

Mbengue: What has been done so far to protect youth against AIDS?

King: Activities carried out for a year now have been of an operational nature over various stages with the objective being that by informing and educating the public and young people, in particular, they would effectively change their behavior.

Confronted by AIDS, young people comprise the group most exposed to the risk of infection by the HIV. This is also the group on which all of our hopes for future development lie.

That is why, during the 39th session of the WHO regional committee held in Niamey in September 1989, African health ministers expressed their "preoccupation with the particular threat that menaces young people because of the great prevalence of infection and of the disease in this group and by the negative impact of such a situation on the socio-economic development and equilibrium of the countries of the region."

In our country, the need to put emphasis on this age bracket of the population has always been in the planning priorities.

Thus, an internal committee for the prevention of AIDS has been operating in the Ministry of Youth and Sports for close to a year now. This committee has been active in providing information and warnings, something that reinforces the multidisciplinary nature of the fight against AIDS.

May I be permitted at this point to sincerely thank my colleague in the Ministry of Youth and Sports and

through him all of his colleagues whose commitment to our causes does not need to be proved.

May I also be permitted on this occasion to express our ardent support to all those who, at our side, are carrying out the fight against this scourge, meaning the Anti-AIDS Youth Association, the NGOs [nongovernmental organizations] such as the Third World-ENDA [expansion unknown] and the OLCPSI [Organization for the Fight Against the Spread of AIDS].

I know that other forms of initiative will join ours. I am thinking primarily to the contribution of women's organizations.

Information and education remain fundamental for the prevention of AIDS. To be effective they need the involvement of all development protagonists, particularly the youth.

As the president of the republic mentioned the other day, young people constitute the priority for this five-year period. It is not, therefore, by chance that the present day is devoted to them.

Mbengue: Madame Minister, talk to us about the activities scheduled on a national level to commemorate the World Day Against AIDS.

King: Besides conventional activities such as the inauguration of exhibits and the holding of lectures that I will personally preside over, the NGOs, as well as various groups and organizations will take an active part in the commemoration of the day. Thus, the Anti-AIDS Youth Association will organize a cultural soiree at the Cite Claudel, while the NGO of Djamra will organize an anti-AIDS march that will go from the Medina Post Office square to the Alassane Ndiaye Allou School, to the Tilene market. The very dynamic OLCPSI will go to Kaolack where, in collaboration with the regional committee, it will organize an anti-AIDS show. The Federation of Women's Organization will also be active because it will organize a lecture in Kaolack with its theme "Women and AIDS."

Mbengue: As for the Third World-ENDA, will it be in Matam and Ziguinchor where a series of activities are scheduled for this important event?

King: The commemoration of the World Day Against AIDS coincides with the evaluation of the first year's implementation of the national anti-AIDS campaign in Senegal.

This evaluation made by international experts stresses the need to better direct our efforts toward organized groups and to involve all social workers so that in the long run the results expected might be achieved.

I, therefore, issue an appeal to all Senegalese in all walks of life, of both sexes, of all religions, to join us in barring the way to AIDS.

I will conclude by citing Dr. Jonathan Mann, director of the World Anti-AIDS Program, "If a given group, a people or any given country were to relax their vigilance with regard to AIDS, public health would be seriously threatened."

Increased Availability of Condom Urged

90WE0094A Dakar SUD HEBDO in French
30 Nov 89 pp 1, 3

[Article by Saphie Ly: "And What If We Talked About Condoms?"]

[Text] Prevention. Confronted by AIDS that has been spreading rapidly, the best remedy is undoubtedly informing and making people aware of the disease and finding ways to prevent it. Only a resolute approach can help in overcoming the disease. More than ever before we must persuade the people about the need to use condoms, to liberalize their sales, and to reverse the present market trend where demand is greater than the supply. In Senegal, where 269 AIDS cases have been reported, AIDS Day celebrated tomorrow should help to inform the people more, especially young people, about the dangers to which they are exposed. The low positive AIDS rate of 0.6 percent compared to the four to eight percent in certain countries of the subregion should not lead to apathy. Vigilance is required all the more so when the rate of high-risk category persons carrying the virus, such as prostitutes, is high: 20 to 25 percent in Dakar, 28 to 30 percent in Kaolack, and more than 40 percent in Ziguinchor.

AIDS. Because of the sense of modesty or through ignorance, Senegal has not allowed itself to be overcome by a psychosis or even anxiety that one had every right to expect. Nevertheless, the disease is present and is spreading. Up to now, 269 cases have been reported in Senegal. To this troublesome figure we must add others caused by the delays in biological diagnosis. Tests conducted need rather long confirmation time thus causing statistics to become unreliable. At the time statistics are published suspect cases are still waiting to be confirmed.

The prevalence of carriers, in other words, that element of the population that carries the virus without any apparent sign of the disease, is estimated at 0.6 percent. This figure of under one percent can be considered low compared to the four to eight percent reported in the Ivory Coast and Central Africa.

Percentages, nevertheless, vary significantly when statistics are centered on so-called at "risk groups," namely prostitutes and persons with MST [Sexually Transmitted Diseases].

Dakar, being the capital and an international center and because of its urban concentration, has recorded 22 to 25 percent of its prostitutes as being AIDS positive carriers, while in Kaolack, a commercial crossroads between Senegal and Gambia, the figure stands at 28 to 30 percent. Finally, in Ziguinchor, one of the primary centers of tourism, the figure rises to a record 40 percent.

All of the above mentioned groups are "carriers without symptoms" (without any apparent signs of the disease compared to the notion of "healthy carriers") who are susceptible to developing the disease in five to seven years. That is where the danger lies. There is the problem of prevention. Condoms. Demand exists. The only thing is that supply is quite smaller, according to some medical circles. For economic and sociocultural reasons condoms are not accessible to all. At least that is what politicians and other professionals have decided. So, instead of holding debates, they have chosen for the people what they would accept or not. Nevertheless, the popularization of condoms is effected through open sales. The state does not have a clear position on this matter and pharmaceutical lobbies are holding on to their monopoly in distribution.

This liberalization implies, nevertheless, rigorous controls that would tackle the matter of condom resales as can be observed in the port of Dakar with the inevitable dangers of bad storage. Otherwise, this liberalization would stray from its objective and miss it.

World AIDS Day will be celebrated tomorrow. The WHO thus wants to expand information and public education. Several demonstrations are scheduled for Dakar, marches, exhibits, and a stand providing information anonymously. And what if we talked about condoms? Loudly and for everybody.

A study conducted in Senegal puts the average age of the population at 32 to 33. Another study by the WHO drops the average age of Africans to 20 to 30. The population of Africa being composed essentially of young people we can readily see the seriousness of the situation and understand the urgency of the measures to be taken.

It is acknowledged that AIDS spreads more particularly among those elements of the population that travels. Nevertheless, this observation should be qualified. Statistics indicate a large number of ill persons who have never left the country.

Many persons stricken with the disease who come back from infected regions disperse themselves throughout the country and increase the number of cases even to such regions as Matam and Bakel.

In the face of a disease that travels and spreads on a continental basis, a need for information and collaboration among African countries is evident. This obviously raises the question of individual freedoms. How do you protect the people without striking at the dignity of man and his freedoms?

SOUTH AFRICA

Number of AIDS Carriers Reaches 35,000

54000033A Johannesburg SUNDAY TIMES in English
14 Jan 90 p 3

[Article by Felicity Levine: "Now AIDS Carriers Number 35,000"]

[Text] Shocking new AIDS statistics were released this week as a South African businessman and father of two spoke about his desperate battle against the killer virus.

The number of people with full-blown AIDS in the country has risen to 332 and it is estimated that 35,000 people carry the virus.

Said Dr Ruben Sher, AIDS expert at the South African Institute for Medical Research: "The number of people with AIDS doubles every eight months."

Victim Mr Johan van Rooy, 36, has opened his Hillbrow home to hundreds of fellow sufferers since he discovered he was infected 18 months ago.

"People need to face up to the fact that the country is crawling with undiagnosed HIV-positives," said Mr Van Rooy, who runs the AIDS support group Body Positive.

Support

Body Positive has a growing membership of 600 and among its ranks are top professional people and pillars of society.

These AIDS victims, from all walks of life, give one another financial and emotional support.

"As well as lending a hand with rents and medication we help one another face up to the fact that for us there is no tomorrow," said Mr Van Rooy.

"Forty-eight of our members have died in the past nine months and 14 in August and September alone."

Mr Van Rooy said his two young daughters were discriminated against by teachers at their Durban school when it was revealed that he had AIDS.

He said he had successfully managed a large furniture shop until October when increasing sickness stayaways cost him his job.

Panic

His own descent into hell started 18 months ago with a chance decision to have his blood tested for HIV infection.

"I was having a routine medical check-up and being homosexual, considered a 'high risk' group, I asked to be tested for HIV at the same time."

And in October 1988 Mr Van Rooy learnt that he was a "healthy" HIV carrier—the start of a trip ending in death.

"I went into a total panic," he said. "I felt sick and disgusted, robbed of my future. But once I'd got over the initial terror I was relieved that the virus had been diagnosed so early, because they started giving me substances to boost my immune system," he said.

Paying for medication is a major problem for victims.

Large doses of costly cancer drugs become necessary as the virus takes its toll.

Top businessmen are among the "hidden" AIDS victims and are spending up to R5,000 a month just to stay alive.

Ashamed

"Fortunately I have a top position and earn well, but I don't know how long I can keep on," a company director whose name cannot be revealed told the SUNDAY TIMES.

"I am ashamed to face people I know who are dying because they can't pay for the dose," said the well-dressed executive.

The "dose" refers to wonder drug AZT or Zidovudine, selling at R530 for a minimum quantity one-month supply.

Mr J owes his healthy look to the fact that he can afford three times this amount—which he needs—plus a cocktail of five other cancer drugs.

Produced by American pharmaceutical company Wellcome, AZT "buys time" for the AIDS victim because it interferes with the multiplication of the dreaded HIV or AIDS virus.

But AZT is available in Europe at a mere R100 for a month's supply and is distributed free of charge by national health schemes.

In South Africa only a minority have access to it.

Perplexed

The Transvaal Provincial Administration has agreed to administer AZT to only 10 chosen patients in teaching hospitals.

"AZT is available at all teaching hospitals but, due to financial restrictions in limited quantities," said a spokesman for the TPA.

South African AIDS victims classified as hospital patients are given more expensive but less effective drugs such as Alpha Interferon and Interon A.

A minimum dose of Interon A costs taxpayers R1,800.

The same dose of the more effective AZT costs only R530.

Doctors consulted said they were "perplexed" by the Government's preference for the costlier, less effective drug.

Survey on Black Miners' Awareness of AIDS

54000019A Johannesburg SOWETAN in English
27 Nov 89 p 9

[Text] South Africa's black miners are a responsible section of the community and have a broad understanding of sexually-transmitted diseases (STD's) and AIDS.

These are the findings of an interview survey recently carried out by the Chamber of Mines Human Resources Laboratory.

The purpose of the survey was to examine black mine-workers' awareness of AIDS and STD's and the behaviour patterns potentially affecting the transmission of these diseases.

The South African mining industry is acutely aware of the implications of the worldwide AIDS epidemic and, as a logical extension of the industry's concern for workers health and safety, has developed an AIDS educational/counselling programme and has carried out surveys in an effort to obtain much needed data on the subject.

Sample

The current survey was conducted among a sample of 429 black miners from four South African gold mines representing 5.6 percent of the labour force of these mines. Confidential interviews were held with the consent of the respondents.

The results of the survey revealed a general awareness of AIDS, no fewer than 94.6 percent of the respondents had heard of the disease. The survey also highlighted a broad understanding of preventive measures against AIDS.

STD

Fifty percent of those who had heard of AIDS mentioned single partner relations and a further 11 percent cited "no casual sex, while 34 percent mentioned the use of condoms.

However, despite this general understanding of AIDS, the feeling of personal susceptibility was low, only 20.3 percent believed they could contract the disease.

In addition 15.5 percent of the respondents believed AIDS was curable, with a further 20.2 percent undecided.

Because of the predominantly sexual transmission of AIDS, the survey also sought information from respondents about STD's. Every respondent could name at least one STD.

Treatment

Thirty percent of those who had had an STD sought treatment from mine doctors and 41 percent from outside medical practitioners, while traditional and religious healers were consulted by a further 30 percent, often with a medical consultation at the same time.

A negative factor uncovered by the survey was a reluctance to inform sexual partners on contracting an STD, friends or "someone else" are often told (51 and 19 percent respectively), while wives and girlfriends are told less often (1.7 and 18 percent respectively).

The mining industry's news media were found to be the most important sources of AIDS information followed by medical staff and friends. Close friends and colleagues

were considered to be the most important sources of information of STD's with medical staff a secondary source.

Home

The results of the survey also revealed a low incidence of sexual promiscuity. Only two percent of the respondents had had sexual contact with a prostitute in the month before the survey.

Almost 35 percent of the miners had a girlfriend at home but not near the mine, while 14 percent had a girlfriend near the mine. Of the 181 men who had slept with a girlfriend in the previous month, 24 percent said they always used condoms and 63 percent of those gave prevention of AIDS and STD's as reasons.

The main reason given for not using condoms was trust that the women involved were free of STD's and AIDS (57 percent). The usage of condoms was low but the consultants monitoring the survey believe it is high compared with the rest of Africa.

In conclusion, the report states: "The promiscuity of black miners, so often alluded to in discussions about AIDS in South Africa, is not borne out by this survey.

A prevalent understanding of the dangers of promiscuity in the spread of STD's and AIDS was shown in this study.

TANZANIA

Devastation From AIDS Traced to Ancient Sex Mores

90WE0102A Copenhagen BERLINGSKE TIDENDE in Danish 8 Jan 90 p 21

[Article by Michael Ulveman: "AIDS Is Killing Africa's Young People"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Towns in northwestern Tanzania have lost all of their young people. Fields and plantations lie fallow and thousands of children are without parents. The sex traditions of the area have turned AIDS into an epidemic which could put a stop to all progress.

MWANZA. Tanzania's young people are dying.

The productive segment of the population, the one which should be caring for the children and the old people, is falling to AIDS to an extent which only recently became apparent to international assistance organizations.

AIDS—Africa's new epidemic—is destroying the entire agricultural village society in northern Tanzania up to the Uganda border. The disease is spreading at high speed along the travel routes into Dar-es-Salaam, a city of a million inhabitants.

The International Red Cross first introduced their assistance effort into the Kagera district near Lake Victoria, which is the hardest-hit area, only nine months ago.

Nine villages have been chosen for a pilot project, which is still in the initial stages. A full grasp of the scope of the catastrophe is yet to be achieved. Health statistics are lacking. Whether an inhabitant is registered as having died of AIDS or diarrhea is a matter of circumstance.

A Wild and Unrestricted Sex Life

Studies conducted in the area indicate that up to 50 percent of the reproductive population is affected. This figure has shocked workers involved in the Red Cross project, to which Denmark has contributed 10 million kroner.

Danish nurse Else Melgaard is standing in front of the Red Cross mission in Dar-es-Salaam. From a storage room with a pile of used car tires in the corner and a telephone that doesn't work, she attempts to coordinate the project together with nine coworkers.

Else Melgaard is the only Dane.

She says that it was determined a few months ago that there are approximately 4,000 children in the Kagera district without parents because of the AIDS epidemic. However, the actual number today is far greater.

"It has enormous consequences. The fields and plantations in Kagera lie fallow. The old people are too old to cultivate them, and the young people are too young. There is no one to take care of the things we live from. Who will care for future development?" she asks.

The explosive growth in the number of AIDS cases is blamed on a wild and unrestricted sex life, which is part of the region's centuries-old tradition. This has previously led to major outbreaks of syphilis and other sexually transmitted diseases.

Red Cross project workers have worked intensively to determine the nature of these sex traditions, but they have met with a wall of silence. Sex is a taboo subject, one which is not discussed.

"Down here they don't talk about sex, but they do it a lot. It is very secret. They are also very reluctant to change their sex life. Many of them have nothing else to do than engage in sex," explains Else Melgaard.

Success in breaking down the barriers of silence has been achieved of late. The AIDS project workers now have a theory as to how the AIDS virus might be spread here.

When a woman of the Haya tribe, which is the largest tribe in Kagera, is to marry, she receives a special plant from her mother-in-law. This plant stimulates the woman and makes her especially lusty.

The traditions here prescribe that the man should strike his penis against the woman's clitoris during foreplay.

The theory is that, even though this act is not particularly violent, it causes scratches through which the HIV virus can pass.

Else Melgaard says that loose sexual mores are also a centuries-old tradition.

"Previously it was quite common for a man to go to a bar with an entire harem of women, with whom he would disappear into a back room one by one. There was prestige in this. Many also sell sex, because they have no money. Girls receive gifts and reciprocate with sex."

"When we tell them that multiple sex partners can spread the disease, they respond with statements such as: 'You can't eat chicken every day,'" according to Else Melgaard.

The inhabitants know the disease well. They have dubbed it the "slim disease," because afflicted persons get diarrhea and become very thin. Another word is "Juliana disease" which means "nice clothes" in Swahili.

The relatively healthy portion of the country engages in lively trade across the border with Uganda. It has been found that the young traders who wear nice clothes and travel across the border have brought the disease with them.

However, even though everyone knows of the origins of the incurable disease, Red Cross workers have detected a fatalistic attitude towards it. This is due in part to the fact that the Kagerans have known plague and cholera over the years.

"They all know what AIDS is, but they are extremely misinformed. They associate it with superstition—it is God's punishment. There is also a widespread belief that the Americans have spread the disease by sending condoms infected with the virus. Condoms have been known as a family planning tool for many years, but they have never really been accepted. The traditional village healers have said that it is not good to use condoms. Sex must be performed skin against skin, and not rubber against rubber," says Else Melgaard.

The understanding that the disease is incurable has also meant that many do not dare to take an HIV test. In the villages there are AIDS victims waiting alone for death to come. They are isolated because the village inhabitants don't dare have anything to do with them. The hospitals seldom see them. The number of sick people seeking hospital care is falling.

The highly-religious population also listens to the advice of the church. The church asks people to submit to an AIDS test before they marry. If the test result is positive, the church asks the young people to postpone the wedding.

This has led to corruption with regard to medical certificates. It is possible to bribe doctors to provide falsified results. This corruption is increased by the fact that no public officials in Tanzania can survive on their salaries, and they are compelled to seek a second source of income.

The Red Cross project is involved first and foremost with information. Red Cross workers go into the schools and talk to students in the fifth through seventh grades.

However, this is a hard job, and not only because sex is a taboo subject. The Tanzanian authorities also prohibit discussion of sex in the schools. Only AIDS prevention may be discussed, without touching on the forbidden subject. Only married women may receive education with respect to sex, and by then it is usually too late.

The Disease Cannot Be Solved in Isolation

Else Melgaard emphasizes that the AIDS catastrophe cannot be solved in isolation. The effort must be coordinated with other areas: "People who receive proper nutrition can live longer. Positive outlook and psychological treatment of the disease is also significant. The disease develops more quickly here than in the western world, perhaps because of the lack of nutritious food. Some have claimed that it takes only six months from the time one becomes infected until one dies. It certainly happens more rapidly from the time the first symptoms become apparent," says Else Melgaard. The Tanzanian authorities have recently established an AIDS department in the Ministry of Health. Nevertheless, the disease is not viewed as the gravest danger in the country, where 70,000 die of malaria annually.

It is, therefore, the job of the Red Cross to make it clear that the disease is being spread from generation to generation through pregnant women, who pass it to their children.

An entire generation in Kagera is lost. A new one must be saved.

ZAIRE

Mobutu's Son in Belgian Clinic; AIDS Speculated

54000031 London AFRICA CONFIDENTIAL in English 15 Dec 89 p 8

[Text] Mobutu Nyiwa, the son of Zaire's president and state secretary for international cooperation, has been admitted to a private clinic in Belgium after being transferred from a hospital in Kinshasa.

Nyiwa has made no appearances since early this year at official ceremonies or on Zairean television. His ministerial work has been taken over by Nkema Liloo, one of President Mobutu Sese Seko's security advisers, or by Foreign Minister Nguza Karl-i-Bond. A former information minister, Madame Ekila Lionda, is tipped to replace Nyiwa in due course.

Radio trottoir in Kinshasa has been dwelling on the fact that Nyiwa's girlfriend died from AIDS last May. Her family received an ex-gratia payment from President Mobutu through the mediation of Nsinga Udjuu Ongwakebi, the president of the judicial council, a close friend of the family of the deceased.

Since March 1989, Nyiwa has been a regular patient at the special clinic run by Professor Luruma at the Mama Yemo hospital in Kinshasa.

AIDS-Free Health Certificates Required for Inbound Travellers

54004060 Hong Kong SOUTH CHINA MORNING
POST in English 2 Jan 90 pp 1, 5

[Text] China's new immigration requirement for inbound travellers to produce an AIDS-free health certificate came into effect yesterday but there were no reports of Hong Kong people being denied entry under the rule.

This is despite the fact that the Hong Kong authorities issue no certificates to prove that local residents are clear of AIDS and venereal diseases.

Health officials in Shanghai disinfected a hotel after one of its American guests was found to be China's 33rd AIDS case, a Shanghai newspaper reported.

The man, said to be a homosexual and identified only as "Mr J", was sent back to the United States, through Hong Kong, last Friday "under the supervision of Chinese doctors", the Liberation Daily said.

The paper did not specify whether the man was suffering full-blown AIDS or was merely found to have been exposed to the HIV virus.

He had arrived in Shanghai on Christmas Day, planning to visit several Chinese cities, but he failed to inform quarantine officials upon arrival that he was an AIDS sufferer.

Two days later "Mr J" left for Guilin, a popular resort city in the southwest, pursued by health officials who were tipped off about medicine that he had left behind.

He was escorted back to Shanghai, tested positive for AIDS, then expelled from China as health officials "disinfected the guest house and other places that he had been", the report said.

A Hong Kong Department of Health spokesman yesterday maintained that the Hong Kong Government made it clear, before it received China's notification of the new requirement for health checks, that it would not carry out screening tests.

The department has sought clarification with China about the scheme and is still awaiting a reply, the spokesman said.

An Immigration Department duty officer at the Lowu checkpoint said staff there were not aware of any case of Hong Kong visitors to China being refused entry yesterday because of failure to provide such health certificates.

The new regulation, first reported in the Shenzhen Daily last Tuesday, stipulates that the health certificate was required of Chinese from Hong Kong, Macau, Taiwan and overseas who want to work or settle in China.

The rule also applies to returning mainland Chinese who have been abroad for more than three months.

Those who do not have the necessary health certificates will have to be tested in China.

All inbound foreign travellers to China must fill out a quarantine declaration form in which they are asked, among other medical questions, whether they are AIDS sufferers.

Foreigners planning to live in China must also undergo an AIDS test.

The case of "Mr J" brought to 33 the number of AIDS carriers found in China since 1985. Most of them were foreigners who were subsequently ordered out of the country.

Of six Chinese cases, four contracted the disease through contaminated blood products imported from overseas. The others were a Chinese who had been in Africa, and a Beijing man who had homosexual contact with foreigners.

New Anti-AIDS Campaign To Focus on Youth

54004059 Hong Kong STANDARD in English
2 Dec 89 p 5

[Article by Andrew Bomford]

[Text] The Government yesterday unveiled its new AIDS (Acquired Immune Deficiency Syndrome) education package which is targeted at the territory's youth who constitute the main risk group.

The launching of the new campaign coincides with the second World AIDS Day, a global effort to promote community awareness of the disease.

The campaign includes a graphic TV warning that focuses on the risks involved when intravenous drug users share needles.

The first announcement was screened last night. It showed a group of addicts injecting each other with the same hypodermic syringe.

However, the campaign officially kicks off this Sunday with an AIDS youth concert at Kowloon Park.

The decision to aim the campaign's TV messages at intravenous drug users reflects a desire to nip a potential problem area in the bud, before AIDS takes hold of the territory's addict community.

According to AIDS experts many of the territory's drug users still share needles, despite the fact this same practice abroad has contributed to an explosion in the number of victims.

"If they continue to share needles there is a distinct possibility we will have a similar problem here as we have already seen in other countries," said Dr Patrick Li.

Dr Li heads the AIDS Counselling Unit at Queen Elizabeth Hospital in Kowloon.

"I think the problem is complacency," said Mr Peter Moss, Assistant Director of the Information Services Department.

"Like so many other people addicts become complacent—they have always done it and are at risk of continuing to do it unless we continue to remind them," he said.

Publicity chiefs are also putting the finishing touches to another TV AIDS warning designed to discourage promiscuous sex and proclaim the safety of condoms.

It is expected to go on air early in the new year.

Mr Moss claimed it, too, would adopt a more hard-hitting approach than previous AIDS messages which had come in for a lot of criticism.

The Government has spent \$600,000 on the current campaign, an amount that has been criticized as being insufficient.

In comparison, it allocated \$1.5 million to the current environmental protection campaign.

HONG KONG

Trend Points to 30,000 AIDS Patients by Year 2000

54004057 Hong Kong SOUTH CHINA MORNING
POST in English 28 Dec 89 pp 1-2

[Article by Helen Signy]

[Text] The number of AIDS patients in Hong Kong could multiply 1,000 fold to reach 30,000 by the year 2,000, if present trends continue, doctors warned yesterday.

The head of the AIDS Counselling and Education Service, Dr Patrick Li Chung-ki, said with the discovery of two more AIDS patients this month, the total number of people with AIDS had reached 32—double the number for last January compared with only nine in January 1988.

And as Dr Li warned that if the number continued doubling every year, there would be more than 30,000 with the disease by the end of the next decade, social hygiene clinics were being swamped by people wanting AIDS test.

Appeal for Early AIDS Tests as Two Die

54004056 Hong Kong SOUTH CHINA MORNING
POST in English 29 Nov 89 pp 1, 2

[Article by Mary Ann Benitez]

[Text] Two more people have died of Acquired Immune Deficiency Syndrome (AIDS), prompting Government doctors to appeal for more people to come forward for early screening for the HIV infection.

The latest deaths bring to 17 the number of fatalities so far. One of the two was a previously undetected case of a Chinese male adult who became infected sexually.

The other was one of the 14 known sufferers undergoing treatment.

The doctors said the deaths could be attributed to the delay in treating secondary infections that usually prove fatal.

The chairman of the AIDS scientific committee, Dr Yeoh Eng-kiong, said early detection of HIV exposure could help prolong survival as the carriers could be properly monitored.

Once the opportunistic infections set in, which characterizes the development of AIDS, appropriate treatment could be instituted to stop the infection from worsening.

Although no cure has been found for AIDS, drugs are available to extend the lives of sufferers.

Dr Yeoh said that an analysis of the patients' histories showed that 20 patients developed AIDS less than six months after confirmation of HIV infection.

Of them, 17 have died with an average survival of three months.

In contrast, 10 patients developed AIDS more than six months after detection of HIV. All are alive, with the average survival estimated at 8 ½ months so far.

This was comparable with survival rates in most Western countries, he said.

"What this means is that HIV carriers will be on the alert when they start to develop AIDS, present themselves to doctors early. The doctors can make a diagnosis early and give appropriate treatment.

"I hope this is one of the things that will encourage people to be tested early for the presence of the AIDS antibody," he said.

Another factor is that the drug, AZT, which has been shown to prolong survival could be recommended to AIDS patients and to HIV carriers to delay the onset of AIDS.

Dr Yeoh also defended the Government's handling of AIDS patients, saying they received the best treatment available.

He said that Government policy was to treat patients in regional hospitals and not create a special AIDS ward.

This would develop expertise in the disease among hospitals and also would guard against prejudices to AIDS patients, he said.

An AIDS patient earlier criticized the Government for not providing enough services or care.

The Department of Health has also detected two other people infected with HIV but showing no signs of AIDS.

A total of 164, including the 30 AIDS confirmed cases, have so far been detected to be harboring the virus in the surveillance program which began in 1985.

Of the 164 carriers, 55 were hemophiliacs, one was an intravenous drug abuser, 17 were people who attended social hygiene clinics, 52 were patients from government hospitals and clinics and 39 were referrals from private doctors and subvented organizations.

A total of 142,759 blood specimens had been tested for the AIDS virus.

Meanwhile, the Hong Kong Red Cross Blood Transfusion Service's screening of blood donors tested a total of 631,807 units of blood of which nine have been found positive since 1985.

THAILAND

Health Minister Concerned Over Spread of AIDS

BK0702011990 Bangkok BANGKOK POST in English 7 Feb 90 p 6

[Text] Public Health Minister Marut Bunnak yesterday expressed concern over the rapid spread of AIDS through sexual contact.

Besides Bangkok, the minister said Chiang Mai, Phayao, Samut Sakhon, Nakhon Pathom, Rayong and Kanchanaburi [provinces] were reported to have an increasing incidence of the AIDS virus.

He said the infection rate among female prostitutes in 14 provinces has increased from 3.5 percent in June 1988 to 6.6 percent in December 1989.

The spread of the fatal disease was also reported to be higher among service girls in massage parlours.

Mr Marut said the Public Health Ministry has requested the Cabinet for some 139 million baht for the construction of a rehabilitation centre which will be responsible for educating the public about the danger of the virus. The centre is also expected to provide occupational training to AIDS patients.

It is expected that the number of patients infected with the HIV virus will not exceed 24,000 cases by the end of next year, he said.

Permanent Secretary for Public Health Dr Somsak Worakhamin said yesterday that the campaign against AIDS has shown results as more people use condoms now.

He said, however, that without an adequate control system, the number of HIV-positive patients could go as high as 120,000.

Dr Somsak said the number of patients with venereal diseases has been decreasing since the middle of last year, showing that more condoms have been used. He said this reflected a good sign for AIDS control.

He said VD cases have dropped from 32,000 to about 17,000 a month.

According to the latest statistics of the Ministry, there are some 35 full-blown AIDS cases of which 17 are alive, some 106 AIDS-related cases of which some 86 are alive, and some 14,116 HIV-infected people of which some 14,033 are alive.

Besides intravenous drug users and prostitutes, Dr Thira Rammasut, director general of the Communicable Disease Control Department, said the number of potential blood donors found to be infected has also increased from 3.7 percent during the first half of last year to 8.2 percent during the second half of last year.

13,000 Have AIDS, Cases May Double by 1991

BK0102010590 Bangkok BANGKOK POST in English 1 Feb 90 p 4

[Text] More than 13,000 people in Thailand have been found to be infected with the deadly AIDS virus and the number is expected to double by the end of next year.

Dr Thira Rammasut, direct general of Communicable Disease Control at the Public Health Ministry, said some 77 percent of the virus victims were intravenous drug users.

He added, however, that the number of cases contracted through sexual transmission was increasing rapidly.

Without proper controls, the number could increase tenfold by 1996, he said.

According to Dr Wichan Witthayasai of Chiang Mai University, the northern province has the highest rate of HIV-infected prostitutes, when compared to other provinces.

Chiang Mai, he said, also has the highest percentage of HIV infection among blood donors, pregnant women, male prostitutes and men with venereal disease.

Meanwhile Dr Praphan Phanuphak, an AIDS expert at Chulalongkorn Hospital, said Thailand was very open about the AIDS situation. He called for other Asian countries to also be more open about the disease and to exchange information and cooperation.

According to a report by the World Health Organisation (WHO), only India, Indonesia, the Philippines and Thailand report full-blown AIDS cases to the organisation. However, the number of reported cases is believed to be extremely underestimated.

Dr Praphan also called for free trials of safe medicines for AIDS treatment, such as AZT.

Plans To Upgrade AIDS Control Committee Approved

BK0702013190 Bangkok BANGKOK POST in English 7 Feb 90 p 6

[Text] The Cabinet yesterday approved the Public Health Ministry's proposal to improve the efficiency of the committee for coordinating the prevention and control of AIDS.

Under the proposal, the committee will be renamed "National Committee for Coordinating Prevention and Control of AIDS."

The Public Health Minister and Deputy Public Health Minister are the committee's chairman and deputy chairman respectively. The panel has 40 other members.

The committee is to formulate policy, strategies and activities for the prevention and control of AIDS; to disseminate knowledge on the deadly virus; to promote

studies and researches on AIDS control and prevention; and to coordinate with government and private agencies in combating AIDS.

72 Percent of Chiang Mai Prostitutes Have AIDS

BK0202014990 Ann Danaiya Usher; Bangkok THE NATION in English 2 Feb 90 pp 1, 2

[Article by Ann Danaiya Usher]

[Excerpt] The number of AIDS cases in Chiang Mai could increase from the current 1,414 carriers to 32,158 by the end of this year, with an estimated 72 percent of young, poor prostitutes already infected with the disease, according to new research by Dr Wichan Withiyasai of Chiang Mai University.

Speaking to a gathering of international AIDS specialists last night, Wichan said the AIDS situation in Thailand has reached "alarming" proportions and if action is not taken soon could become like Uganda, where almost one in every five urban residents is infected.

Michai Wirawathaya, director of the Population and Community Development Association (PDA), who organized the discussion, described the findings as "horrendous" and criticized Prime Minister Chatchai Chunchawan for refusing to chair the National AIDS Committee last November.

"If the premier does not recognize this as a real threat to every person in this society, as well as to the economy, one year from now it will be too late for regrets," said Michai, who urged the government to disclose the number of AIDS carriers in Bangkok, Phatthaya and other parts of the country.

The study showed that AIDS infection among men who sell blood to Chiang Mai hospital blood banks quadrupled from 1.5 percent in 1988 to almost six percent last year.

Since his initial surveys suggested a rapid spread of AIDS among northerners early last year, Wichan has repeatedly stressed that the habit of Thai males—including students, civil servants, soldiers, farmers and professionals—to frequent prostitutes is one of the main routes of AIDS transmission in Thailand.

Sexual intercourse is the most frequent mode of transmission in northern Thailand, with between 59 and 91 percent of infection in Chiang Mai, Lampang and Lamphun provinces being spread by sex, Wichan said.

These findings are in sharp contrast to Ministry of Public Health figures for the whole country that show only 10 percent of AIDS carriers contracting the disease through sex, while 84 percent contracting AIDS by sharing infected needles.

Wichan said these often-quoted statistics may be more representative of Bangkok and mislead the public into believing that unprotected sex is not dangerous.

Wichan's survey suggests that 72 percent of Chiang Mai prostitutes who charge between Bt [baht] 30 and Bt50 carry HIV, while 30 percent of those who charge Bt51 to Bt100 carry the virus. For those who charge more than Bt100, 16 percent appear to be infected, according to the doctor's survey.

Forty-four percent of infected female prostitutes are less than 20 years old, while 19 percent are between 20 and 29 years of age. Eight percent of those tested working for only three months are infected, while 70 percent of those working for between six and 12 months were shown to be carrying the contagious disease.

Wichan expressed concern over results showing that 75 percent of male clients go to the least expensive prostitutes who show the highest seroprevalence.[passage omitted]

ROMANIA**AIDS Data Reported for First Time**

*90WE0115A Budapest NEPSZAVA in Hungarian
8 Jan 90 p 7*

[Article: "AIDS Children in Romania"]

[Text] By now Romanians acknowledge that there is AIDS [Acquired Immune Deficiency Syndrome] in Romania.

Last Friday [5 Jan] Romanian television reported for the first time official data concerning the country's AIDS situation. It stated that in Romania 213 children had been infected by hypodermic syringes that were not sterilized. Fifty-five infected adults were recorded. Five persons in Romania died from AIDS last year. At present they are aware of 15 infected persons already showing the symptoms of the disease. During Ceausescu's regime the fact that there was AIDS in Romania was denied all along. They claimed that the infection occurs only in decadent countries.

HONDURAS

Breakdown of AIDS Statistics Presented

90WE0121B San Pedro Sula LA PRENSA in Spanish
9 Jan 90 p 9

[Text] In Honduras, of every 10 persons infected with acquired immuno-deficiency syndrome (AIDS), six are men and four are women, representing 62 percent of all men and 37 percent of all women.

This announcement was made yesterday by the chairman of the Commission To Combat AIDS and chief of the Health Ministry's Epidemiology Division, Enrique Zelaya. He added that the highest risk group consists of persons engaging in heterosexual relations, with 345 cases out of a total of 469 recorded between 1985 and 1989, a period during which the disease took the lives of 211 persons.

According to the final report for that period, prepared by the health authorities, San Pedro Sula still ranks first for AIDS incidence, with 289 cases.

The Sixth Health Region has recorded 51 cases, and Tegucigalpa, 50. Other cities and towns with smaller populations follow in descending order.

A total of 47 persons were infected as a result of homosexual relations; 40, from bisexual relations; 25, from blood transfusions; and one, from drug addiction. Seven unborn children were infected by their mothers, and there is one case wherein the cause of infection is unknown.

At present, the whereabouts of 176 carriers of the virus is unknown, and 82 are known to be alive.

Based on age, the majority of cases of infection have been recorded in the 20-29 age group, with 42.9 percent; the 30-39 age group accounts for 30.7 percent; and the 40-49 age group comprises 12 percent.

According to year, the cases officially reported and confirmed were: for 1985, three; 1986, 17; 1988, 215; and 1989, 152.

Zelaya estimated that the prevention campaign sponsored by the Health Ministry has reduced the proliferation of cases, but he also denied that the use of condoms has fostered promiscuity, as people have been led to believe.

237 Cases of AIDS Detected

90WE0103A San Pedro Sula TIEMPO in Spanish
3 Jan 90 p 17

[Text] Between January 1986 and October 1987, 237 cases of Acquired Immune Deficiency Syndrome (AIDS) were identified at the regional hospital of the Honduran Social Security Institute (IHSS) in this city, the head of the Microbiology Section at the IHSS, Jose Maria Dubon, announced yesterday.

This physician explained that of the 237 patients who tested positive for the AIDS virus, 136 were placed under medical supervision, and 71 percent (97) were confirmed by means of the Western blot test, which is given at the IHSS hospital.

He added that the samples taken from the 136 patients showed that 46.3 percent were asymptomatic when the disease was detected. In other words, they showed no symptoms of the disease, and were pursuing normal lives among the citizenry, with the resultant risk.

On the subject of the sex of the patients, he said that of the 136 cases studied, 112 were men and 24 women, and that 47 percent were single, 24 percent were married, and 28 percent were involved in free sexual unions. He added that the group most commonly affected was that between 26 and 40 years of age, for both sexes.

As to the sexual orientation of the patients diagnosed as HIV positive, 84 percent were heterosexuals (promiscuous, relations with several individuals), 10 percent were homosexual, and 6 percent were bisexual.

Dr Dubon explained that the above data were obtained during an epidemiological clinical study of patients testing HIV positive carried out by the IHSS in this city under the responsibility of Drs Luis Reyes Silva, Ada de Romero, and himself.

He explained that the areas in San Pedro Sula which are most seriously affected are the eastern and southeastern sectors, since 62.5 percent of the patients tested live in those areas. This is also where approximately 50 percent of the city's population is concentrated.

Dr Jose Maria Dubon, a specialist in clinical pathology and medical microbiology, said that the predominant clinical symptoms observed when the patients were tested were persistent coughs, a loss of more than 10 percent of normal weight, chronic or intermittent diarrhea at least once a month, and chronic or intermittent fever of over 38 degrees centigrade lasting at least a month.

He said that the AIDS patients also proved to be suffering from adenopathy, or inflammation of the lymphatic ganglia, and candidiasis, evidenced by white patches inside the mouth (tongue and cheeks).

Between 1986 and 1989, the IHSS reported finding 11 HIV positive individuals, representing 3.28 percent, among 335 blood donors, Dr Dubon added.

The breakdown of the population contributing to and covered by the IHSS in this city in 1988 was 60.6 percent male and 39.4 percent female. The doctor added that 77.8 percent of the IHSS beneficiaries are the children of insured persons, while 22.2 percent are wives or live-in companions of insured males.

This same study showed that the first case of this deadly disease in Honduras was diagnosed in 1985, but the first

case seen at the regional IHSS hospital in this city was diagnosed in January of the following year.

The report also indicated that this city ranks first in diagnosed cases of AIDS, with 158, while Tegucigalpa ranks second, with 50.

469 Confirmed AIDS Cases

90WE0122A Tegucigalpa LA TRIBUNA in Spanish
24 Jan 90 p 10

[Text] Yesterday the coordinator of the National Commission on AIDS, Jose Enrique Zelaya, declared in San Pedro Sula that AIDS is spreading nationwide, stressing that the aforementioned city is still recording the largest number of cases.

Nevertheless, according to that official, the number of victims of the fatal disease is continuing to rise in Comayagua, Choluteca, Danli, El Paraiso, Santa Rosa de Copan, Santa Barbara, and throughout the entire country.

He noted that 469 cases have been confirmed in Honduras to date, and announced that the sum of half a million lempiras is awaiting approval by the National Congress, to be spent on educational activities, purchases of equipment, reagents, medications, and other materials, as well as the hiring of personnel.

The official remarked: "If the National Congress approves this budget for us, we'll have better weapons for preventing the fatal disease."

He indicated that the spread of AIDS is alarming, and therefore all the country's community leaders must join in the campaign to create awareness, for prevention.

PERU

AIDS Developments

Infection Estimates

90WE0098A Lima EL COMERICO in Spanish
1 Dec 89 p 8a

[Text] Some 600 serious cases of AIDS have been found to date in Peru. Of these more than half the victims have died. This figure indicates there are some 50,000 infected persons. Most do not know they are carriers of the deadly disease and are infecting others with whom they come in contact.

This disclosure was made by Dr. Raul Centella Salaverry, president of the Peruvian Foundation Against AIDS and Malaria [Funmatrop]. He called for heightened national awareness of the scourge during observances of World AIDS Day.

In a speech to educators at Cayetano Heredia University, he said spread of the disease in Peru is occurring mainly through blood banks.

In the United States, he said, searches turn up 1 bag of blood with AIDS in every 20,000 while in Peru 1 of about every 500 is infected. The situation is even worse in Callao where AIDS shows up in 1 out of every 150 bags. "This shows us that the disease spreads most directly through blood transfusions," he said.

He also reported that bisexuals have replaced homosexuals as the most frequent carriers of AIDS. "They are more dangerous because they're generally married and have contact with several women," he said.

He released other figures showing that in Peru there are some 60,000 homosexuals, and about half of them are involved in "prostitution." "Eighty percent of the gay community carries AIDS, and if these homosexuals don't change their ways, they will all die between now and the year 2000."

He stressed that the only way to avoid the scourge is to refrain from extramarital sex. Young people should wait until they are married to have sex "if they want to escape this catastrophe."

Health Ministry Figures

90WE0098B Lima EL COMERCIO in Spanish
2 Dec 89 p 9a

[Excerpt] An estimated 20,000 persons in Peru are infected with the immune deficiency virus that causes AIDS. However, through June of this year, only 400 cases of infection were reported along with 210 patients with symptoms characteristic of the disease.

Health Minister Paulo Caro Gamarra released these figures during a press conference at the ministry yesterday in observance of World AIDS Day. He placed special emphasis on the role of youth in preventing and controlling this scourge.

Also present at the gathering were members of the Consulting Committee for AIDS Control, Drs. Carmen Estacio, Alejandro Padron, Manuel Lujan, and Santos Hinostroza.

The number of reported cases is not alarming, Caro noted, but there is cause for concern given the experience of other countries where the incidence of AIDS has risen geometrically.

He explained that, according to WHO studies, for every AIDS case found there are 50 or 100 more. This means that in Peru bearers of the virus number in the thousands, he said.

Of the known cases, he said nine are in Arequipa, eight in La Libertad, three respectively in Iquitos and Ancash, and one each in Cuzco and Ica.

He also said it will be about 7 years before AIDS prevention measures now being put into effect show results due to the virus' long incubation period.

However, he pointed out that an information and education program has begun. It stresses fidelity and aims specifically at getting young people to modify their sexual behavior accordingly.

This undertaking, he said, complements an intensive, government-supported effort to detect AIDS in hospitals and blood banks through use of the so-called Elisa test.

However, he emphasized it's up to everyone to prevent AIDS. In this regard, he said the population must be sensitized to the need to take an active role in this task.

Peru reported its first AIDS case in May 1983. In 1985, there were 4 cases; in 1985, 7; in 1986, 18; in 1987, 40; and in 1988, known AIDS cases numbered 87.

Of the victims, 75 percent were between the ages of 25 and 44; 79 percent engaged in homosexual or bisexual conduct; and 93 percent were male. [passage omitted]

Anti-AIDS Pill Announced

90WE0098C Lima EL COMERCIO in Spanish
3 Dec 89 p 9a

[Text] Peruvian researchers have developed a pill to prevent AIDS from the "cat's paw" plant which is native

to jungle areas of this country. The National Council for Science and Technology [Concytec] made the discovery public in a press release emphasizing that this advance was the work of Peruvian doctors.

The announcement indicated the so-called "anti-AIDS capsule" was prepared at the LUSA [not further expanded] laboratories and presented at the recent Pacific International Fair.

Dr. Jorge Aguila, president of the company, said Peruvian researchers have diligently studied the cat's paw plant and their surprising advances have caused a stir among doctors worldwide. He said that because of the plant's importance many foreigners are exporting it in order to study and make use of it, and this makes it necessary to take care of our natural heritage.

Dr. Aguila praised Concytec for the support it lent to the achievement of this scientific advance.

He said this accomplishment has raised high expectations around the world. In addition to European countries and the United States, he listed such Latin American nations as Brazil, Argentina, Colombia, and Mexico among those expressing interest in the development.

EGYPT

Minister Discusses AIDS Cases, Foreign Origin

90WE0109A Cairo AKHBAR AL-YAWM in Arabic
9 Dec 89 p 4

[Interview With Dr. Muhammad Raghieb Duwaydar, minister of health, by Dr. Rif'at Kamal; "154 Egyptian Eyes Prevent 'Importation' of AIDS; Minister of Health: Egypt Is Free of Disease; Contagion Always Comes From Abroad"; First paragraph is AKHBAR AL-YAWM introduction; date, place not given"]

[Text] Can AIDS reach your home? Dr. Muhammad Raghieb Duwaydar, the minister of health, says with utter confidence: No. Emphasizing his opinion, the minister says: We have found out from where AIDS can get into Egypt and we have formulated a plan that guarantees that it will not enter. There are 154 eyes, which are in fact the latest discoveries offered by science, to expose the presence of AIDS. These eyes examine and isolate whatever may bring the contagion into our country. What confirms that our country is safe is this fact which has been proven decisively and which states that AIDS is a disease exported to us from abroad.

AKHBAR AL-YAWM: I asked the minister of health about the number of AIDS cases found in Egypt.

Duwaydar: Fifty AIDS cases have been discovered. What is interesting is that most of these cases involve Egyptians who went for treatment and surgery abroad. They contracted the disease during their treatment and returned with it to Egypt. In addition to these, there is the Egyptian who lived abroad for many years and then decided to return to die in his country, Egypt, when he discovered that he was afflicted with the disease.

Besides these, there is the foreigner who came to work in our country and who was infected with the disease to start with.

Thus, we find that in all these cases, the infection came from abroad. Our country is fundamentally clear of the disease.

AKHBAR AL-YAWM: How can we insure that the infection will not spread?

Duwaydar: The world has learned that the disease can be transmitted through the transfusion of infected blood. Hence the first preventive step: It is totally forbidden to import blood from abroad.

Thus, there remains the possibility of infection transmission through an Egyptian donor living in Egypt with his infected blood.

To eliminate this possibility, it is required that every bag of blood be examined to make certain that it is free of

AIDS. Yes, analysis is compulsory for every blood transfusion. We thus insure that the infection is not transmitted by this means. We now come to imported drugs containing blood derivatives.

We could be content with the medical certification which is provided with every consignment we import and which ascertains that it is free of AIDS. But we have not been content with this certification and we have decided to reexamine the drugs here in Egypt. This is done by analyzing every consignment in three different laboratories to make sure of the results.

If one of the three laboratories determines that the drug consignment is infected with AIDS, we destroy the consignment immediately. It is essential that the results received from the three laboratories confirm that the consignment is safe in order that its use may be allowed.

There is a third means for transmitting the infection, namely man. This is why the technical scientific committee specialized in this disease and formed by the Ministry of Health—a committee which includes the greatest experts from the various scientific circles—has checked the individuals who must be examined to make sure that they are free of the disease, such as foreigners who come to work in Egypt, airline and maritime transport workers whose conditions require them to stay abroad for long periods of time, and even workers of the American University and of foreign embassies.

Inside the country, there are other groups who are likely to be infected with the disease or are carriers of the infection who show no symptoms of the disease.

People charged in vice cases, prisoners, addicts, and those who sell their blood habitually are examined periodically. A foreign drug smuggler who had been caught and sentenced to a jail term was found to be infected with the disease. When the discovery was made, a republican decree was issued pardoning him and the man was deported to his country immediately.

All this confirms that Egypt is fundamentally free of the disease and that the infection always comes from abroad. All the Ministry of Health agencies carefully observe the inlets through which the disease may enter the country.

I then asked Dr. Hasan al-Dhib, an undersecretary of the Ministry of Health, "What about the equipment used to test the samples and to make certain that they are healthy?"

Dr. Hasan al-Dhib responded, "The ministry has been careful to provide the latest and most accurate equipment (the price of a single apparatus is \$75,000). These apparatuses, totaling 154, have been supplied to the Ministry of Health laboratories, to blood banks, to the Therapeutic Institution Hospital, and to the laboratories of teaching hospitals. All these units are supplied with the materials needed for analyses. At the same time,

training courses are conducted for those who operate this equipment to insure that they use it correctly and accurately.

I then asked Dr. Fathi Shaybah al-Hamad, an undersecretary of the Ministry of Health, "What about the tests that have been conducted in scientific centers and that have confirmed the presence of the infection in imported drugs containing blood derivatives?"

Dr. Fathi Shaybah al-Hamad answered, "The tests were conducted with old and inaccurate equipment. We cannot rely on this equipment in making such serious judgments. What confirms this is that the same drugs have been retested with modern equipment and the results have been negative, thus confirming that the drugs are free of the infection. Those who conducted the second tests are international experts who have their experience and who have used the latest equipment. Thus, we have become certain that the belief that these drugs are polluted is groundless.

I say again that the tests which we have to conduct and in whose results we trust are tests that must be conducted with equipment that possesses a certain degree of accuracy. These tests must also be conducted in accordance with certain rules in order that their results may be complete and accurate.

In conclusion, the danger of AIDS hovers over numerous countries. At the same time, it is endemic in numerous other countries. However, we in Egypt must feel reassured and must remain vigilant—reassured because our country is fundamentally free of the disease and vigilant so that this disease may not infiltrate our country under any circumstances. We must not contribute with our mistakes—the small mistakes before the big ones—to such an occurrence.

INDIA

Number of AIDS Carriers Rising

54500042A Madras *THE HINDU* in English
22 Dec 89 p 10

[Text] Three years after the AIDS infection first surfaced in India, the number of Indians confirmed as carriers of the AIDS virus has risen to nearly 1,800 with thousands of undetected cases.

Doctors expect many of the infected people to develop the full blown fatal disease in the coming decade and increase the AIDS toll among Indians, which now stands at 29. The latest surveillance figures released by the Indian Council of Medical Research (ICMR) indicate that the average detection rate in India has reached one new infected case per day. The AIDS virus is transmitted through sexual contact, blood and products made from blood. Doctors believe infected blood donors, prostitutes and promiscuous males are the major agents through which the infection is spreading in India. More than 1,300 of the 1793 people found infected so far belong to

one of these three categories. The others are relatives of infected people, recipients of blood and blood products and those who acquired the infection abroad.

The AIDS infection in India first surfaced among prostitutes in Madras in 1986, following which the ICMR initiated a national surveillance programme. Health workers in Delhi and Bombay say many prostitutes who have been found infected and remain active in their profession are a major source of infection in the metropolitan centres.

Research groups are now trying to follow up infected individuals regularly to generate data about the natural history of the AIDS infection in India, says an ICMR bulletin.

With many of the infected women still young and in child-bearing age, doctors believe they could give birth to AIDS-infected babies.

Studies abroad indicate that 30 to 50 percent of babies born to infected mothers will themselves be infected. Half of all such babies die within two years of birth. AIDS surveillance centres have also reported finding at least 400 blood donors who are infected with the AIDS virus.

IRAN

Six Reportedly Die of AIDS

90OI0075L London *KEYHAN* in Persian
7 Dec 89 pp 1, 9

[Text] A few days ago, Dr. Bijan Sadrizadeh, director of the AIDS Combat Committee in the Islamic Republic's Ministry of Health, Treatment, and Medical Education announced: So far only six people infected with the AIDS disease have died in Iran. Five of these individuals contracted AIDS through the transfusion of blood which was contaminated with the AIDS virus, and one individual got AIDS by way of sexual contact, in the Western countries, with women who carry the disease.

Dr. Sadrizadeh further explained: From among more than 300 individuals afflicted with AIDS in the eastern part of the Mediterranean, only six used to live in Iran, all of whom have so far passed away. Dr. Sadrizadeh did not mention anything about the number of people in Iran suffering from AIDS who are still living. However, some time ago an Iranian doctor who had come to Europe told *KEYHAN*:

During the last years of the war with Iraq, the Islamic Republic's regime purchased a great quantity of cheap blood from the third world countries for the purpose of injection and transfusion of the war wounded individuals, and many of the people who received this blood are carrying the AIDS virus at the present time. The director of the AIDS Combat Committee also stated: A detailed publicity program has been prepared to familiarize the general public with the AIDS virus.

In addition, poverty and prostitution, which are quite prevalent in Iran beyond any imaginable limits, could also be cited as other reasons for the spread of AIDS.

Another specialized physician who had served in Tehran and Shiraz hospitals and who had recently traveled to Europe, told the London KEYHAN: I, myself had several AIDS patients in the two hospitals where I used to work.

Here it should be noted that the AIDS virus, in the final stages, causes severe illness which ends in death. There are hundreds of individuals who are carrying the AIDS virus and through contact can transfer the same to others as well. Many of these individuals in the underdeveloped countries know that they are the carriers of the AIDS virus.

TUNISIA

Conference on AIDS Sponsored for 1990

90WE0087A Tunis LA PRESSE DE TUNISIE in French 3 Dec 89 p 5

[Article by Soufiane Ben Farhat: "AIDS—People Are Talking About It"; first paragraph is LA PRESSE DE TUNISIE introduction]

[Text] Tunisia will sponsor a nine-country Mediterranean conference to draw up a joint strategy to fight the epidemic.

"AIDS—let's talk about it," this is the slogan of the public awareness campaign that was put together and recently unveiled by the minister of public health together with other agencies.

And, since public awareness perforce involves information, two days ago Messrs Daly Jazi and Habib Boulares, the ministers of public health and culture and information, respectively, sponsored a dinner debate on the topic: "AIDS—let's talk about it." It was a debate to which many colleagues representing different elements of the press were invited.

Two communities met to debate. On the one side were the professors, doctors, researchers, and patricians from the various levels of the fight against AIDS in Tunisia. On the other side were the information and communication professionals, the very people whose work makes them true links between public opinion and decision-makers.

For several years the two "communities" met silently. There was the silence of the researcher in his laboratory, the silence of the practitioner tracing symptoms and delivering care, and there was the silence of the specialist charting the extent of the disease and the way it is transmitted. As for the journalists, for a long time they have been poorly or insufficiently informed on the issue and thus could not satisfy the information needs of citizens. Whence, the appearance of a whole set of myths

and huge fears and panics relating to AIDS. The wall of silence has now been broken. And in this are we not children of this century, inasmuch as the destruction of walls is on the agenda everywhere, here as well as in Berlin?

Filtering the Discourse

But we should particularly not think that we have been content to rest on our laurels up to this point. As proof, there are the documents supplied by the relevant offices within the Ministry of Health. From these documents it appears that an AIDS tracing program has been in operation for several years and that it has resulted in the identification of 154 cases. This has led specialists to this "hard-as-a-rock" conviction: AIDS has not yet reached the large-scale epidemic stage in Tunisia.

In this regard, journalists wonder and ask: Was the entire population systematically traced? Do the 154 cases uncovered represent the status of AIDS in Tunisia or are there still other cases running around?

For Professors Ben Ammar, Zribi, and Dellagi, this figure is a revealing index; "Truth is a hard thing to pin down," said Professor Qosay Dellagi (of the Pasteur Institute). In a word, the epidemic is still in a preliminary stage in our country. "The Maghreb is seen, even by the WHO, as a protected area, a sort of cordon, owing to many factors, one of them being sociocultural," added Professor Zribi, the head of the AIDS treatment department.

In this country the public awareness and prevention strategy that the Ministry of Health has launched is very important. Whatever the cost may be, the ways in which the illness is spread must be limited. Mr Daly Jazi forcefully underlined the fact that, unlike other sexually transmitted diseases, AIDS kills.

"The death of any man diminishes me," a journalist will say before dwelling in particular on the way in which the media are given information. Should we resort to advertising condoms on television, knowing that condom use is the principal means of prevention identified thus far? It is a sort of ethical question.

"We might have to resort to that in a few years, but right now, people's sensibilities should hardly be jolted," replied Mr Jazi.

In fact, the public debate on AIDS, how it is sexually transmitted, and condom use bring up issues relating to taboos and widely held notions about chastity and modesty; in a word, issues relating to matters no one talks about.

Working Together

Professor Ben Ammar insisted that it is necessary to know how to filter the discourse so as not to risk producing reactions that are the opposite of what is expected from public awareness. But not to worry. A journalist in favor of advertising condoms on television

concluded that: "It's better to shake up a big prejudice than to hem yourself in with small certainties."

Mr Habib Boulares emphasized the need to talk about AIDS without offending citizens' sensibilities by knowing how to speak of things in a way that does not arouse suspicion or gut reactions. In a word, it was a colorful debate that at times became heated. "So much the better," said Mr Boulares, "this debate by itself makes us appreciate the nature of the public awareness job we must undertake together."

In fact, a communications and preventive public awareness task force has already been jointly established by the Ministry of Health and the Ministry of Culture and Information. But work will not be limited to just these two agencies. The minister of education, higher education, and scientific

research has already begun an awareness program among teachers and the education community so that these people may in turn make their students familiar with the issue.

In addition to the public awareness effort that needs to be undertaken and that has already been designed for Tunisians living abroad, during the first half of 1990, Tunisia will sponsor a conference that will bring together the five countries of the Arab Maghreb Union and four Mediterranean countries (France, Italy, Spain, and Greece) and focus on exchanging information and experience and setting up of a joint strategy to fight AIDS.

The dinner debate that began at 2100 hours concluded just before midnight. This did not stop journalists and health specialists from discussing [the issue] in front of the Oriental Palace until well into the night.

Unified Strategy Needed To Combat AIDS

907C0061a Moscow IZVESTIYA in Russian 31 Aug 89
Morning Edition p 3

[Article by S. Tutorskaya: "Is AIDS So Unimportant to Us?: Why the Fight Against the Most Dangerous Infection Is Still Lacking a Unified Strategy in Our Country"]

[Text] "No, there is good reason why the Russian card is backed by an ice hummock: Cold is identically terrifying both to AIDS and to Bonaparte." One of our poets wrote these lines some 3 years ago. And he was not the only one who was misled: Serious specialists and the country's prominent virologists asserted that AIDS was unimportant to us.

Many countries have gone through a stage of denial ("no, anywhere but here"). And although according to the latest data we are at the "tail end" in regard to the rate of the epidemic's development in Europe, we shouldn't delude ourselves. In our reality, everything is aggravated by archaic ideas about cleanliness and sterility, by the absence of disinfectants and disposable resources for treating and caring for patients, and by the low level of the population's mass public health awareness. Improbable and immediate efforts are needed to shut the gate in the face of the widespread infection.

Who is undertaking these efforts? The board of the USSR Ministry of Health met quite recently. Reports were given on production of diagnosticums (the work is now moving ahead, and a huge lot has been produced); about efforts to create a Soviet culture of the virus (an intense search is being conducted in the Scientific Research Institute of Virology imeni D. Ivanovskiy); about efforts to provide hospitals with disposable syringes and blood transfusion systems (supply continues to be enormously and painfully far behind demand).

At the moment I am sitting in an entirely different place, with another sort of people. We have already been talking a whole hour. And the thought that nags me is this: How was it possible that what I was hearing really happened? I was discussing the subject with doctors of the hospital that works on AIDS carriers and patients. The first operations on infected patients were performed back in 1975. These doctors are distinguished by a kind, sympathetic attitude toward their patients.

A young woman sits opposite to me at the table. A sweet round face, gray eyes. And another, older. Surgeons. A week ago they operated on a female AIDS patient. It was a major, difficult operation. Neither were able to protect themselves—they injured their hands with the surgical needle: Ordinary thin rubber gloves offer no protection against this.

What sort of protection is required in such cases? There must be something. No one, after all, is seriously going to send a fireman into a fire without his turnouts.... But our surgeons have nothing. ("You should see how we dressed

for the operation. Polyethylene bags on our arms above the gloves, and polyethylene sacks over our bakihiya [translation unknown] as well.... Talk about primitive!")

Protective resources for such situations are available abroad. But special surgical gloves with a cord lining, which reduce the risk of hand injury, are not available here in our country. Special disposable, moisture-proof sterile clothing is not available. Transparent face shields are not available....

The doctors have not been sitting around—they've been sounding the alarm for a long time. There was no one they didn't appeal to before phoning the editor, said Doctor Vladimir Pavlovich Skvortsov, the party bureau secretary. A few months ago they took their concerns to specialists of the Central Scientific Research Institute of Epidemiology—just across the street. They stepped in to see laboratory director V. Pokrovskiy: Please help us!, and his answer was this: "There are some things available abroad, find out what they are yourselves, and then we'll help you." That was as far as it went—where were the doctors going to get special catalogs from foreign companies?!

And what is the payment for the daily risk? Today, medical personnel who deliver the babies of AIDS carriers and patients, perform surgery and apply dressings receive "hazardous duty pay" totaling but 15 to 18 rubles per month.

The number of carriers and patients in the country is growing. Of 14 of our patients (three of them foreigners), 10 have already died. A 40-year-old man from Moscow became the most recent victim. Seven years ago he worked in the Congo, and was unaware of his disease. The diagnosis was made when the patient was delivered to the hospital by an ambulance in serious condition. The circumstances of this case are being investigated, and the health of the deceased victim's relatives is being checked.

It cannot be said that the experience with Olga G. from Leningrad didn't teach the doctors anything. The training being given to specialists intensively by the USSR Ministry of Health is beginning to produce results. In the last while, doctors examined 1,672,665 patients whose condition raised the suspicion of AIDS. Of them, 19 were found to be stricken. Nonetheless I can't get away from the idea that the efforts can and must be accelerated. That given the small quantity of resources directed at preventing and revealing AIDS, the impact is still insufficient.

And the reasons for this are quite palpable. It was reported in recent conferences that tiny Denmark spends more money on public health propaganda on AIDS prevention than we. Consider how many articles have been written sounding the alarm on the problem of disposable treatment and patient care resources!

Once again we are compelled to speak of the lack of responsibility on the part of workers of a number of

industrial ministries. All right, granted that it's not an easy thing to create diagnosticums for AIDS on our own. Last year 66,000 diagnosticums developed by the Scientific Research Institute of Virus Preparations were produced. Production of Peptoskrin diagnosticums is beginning. They will be made by an experimental plant of the VKNTs [not further identified] on the basis of developments of the USSR Ministry of Health's Immunology Institute. At the moment our diagnosticums are characterized by 10 to 18 percent error, according to testimony from RSFSR Minister of Public Health A. Potapov. Disappointing, but correctible. The quality of diagnosticums, creation of which requires especially pure substances and precise production processes, will improve.

A diagnosticum is simply a collection of reagents. Revealing what they show requires a spectrophotometer. This instrument is not all that complex, and it does not require mastery of new technologies. The USSR Ministry of Medical and Microbiological Industry and the USSR Ministry of Instrument Making, Automation Equipment and Control Systems accepted the responsibility for producing it. As of today, the former has provided medical personnel with 100 out of the 800 spectrophotometers planned. The latter has not provided any of the planned 50. Is there any need for commentary? Or administrative analysis?

There is another side to this—an ethical one. I. Berzon, the main physician of Krasnoyarsk's Hospital No 20, writes anxiously about the ethics of the profession. "There aren't all that many irresponsible nurses," he notes. "But alas, just a tiny slip-up is enough to allow AIDS to continue to spread gradually through hospital channels—specifically 'our' channels...." The lack of professional responsibility and carelessness fit in well with the poverty of the hospitals, and are fed by it. If some nurses have only four "reusable" syringes for 60 patients—and such situations are encountered in more than just one or two hospitals, said participants of the board meeting of the USSR Ministry of Health, how is a nurse to maintain completely sterile conditions?

This is the way industry responds to the urgent needs of society—a way that has evolved over a period of many years. While in former times industrial ministries simply forced medical personnel to submit orders only for the number of syringes that they could actually make (the orders were filled out after the fact), now industrialists readily accept any responsibilities, and fail to meet them just as readily.

So what does all of this mean? What are we waiting for? "I'm ready to do extra work on Saturdays," writes Barnaul resident A. Govorova. "Just give me the assurance that this money will not be cast to the winds, but will go for disposable syringes, for cleanliness in hospitals, for additional pay for nurses...."

If a simple person can display such willingness to act, then why can't the Committee for AIDS Prevention and

Control? And it is constantly being said in all of the conferences that money to fight AIDS will certainly be found.

I don't understand. Why is this money not available to surgeons of Infection Hospital No 2? Why have no changes been made in the pay of nurses working in general polyclinics and hospitals? Why not direct public activity into organizing public control over the work of those hospitals? We've been talking so much about the need for such control, but we haven't moved an inch.

Hard currency is now being allocated for equipment for 22 AIDS prevention and treatment centers being created in the republics. Outfits of the latest equipment have been purchased for these centers, reported USSR Deputy Minister of Public Health A. Kondrusev. First of all we would like to know whether these outfits include resources to protect medical personnel. And another thing: Could it be that we need to invite, from abroad to work under contract, not only builders but also workers and engineers, knowing how to produce medical equipment—those same syringes and other disposable articles used in the treatment of patients, and personal hygiene articles? The virus is not waiting. It won't be stopped by bureaucratic discord, by habitual crash campaigns.

The procurator phoned the editor's office while I was writing these lines. An AIDS patient was revealed in a certain city in Donetsk Oblast. He was treated in the hospital, he was given instructions, and he was released to his home. But he failed to heed the doctors, and he engaged in intimate relations knowing that he was ill, saying nothing to his partners.

Now this patient is being treated in isolation. But what are we supposed to do in such a situation?, the procurator asked. Was what we did legal? How are we to judge this person? How are we to investigate the health of all who had been in contact with this patient if they refuse?

We went to the USSR Ministry of Health for explanations, and here is what we learned. Amendments and supplements to legislative acts of the RSFSR concerning responsibility for consciously spreading AIDS have been prepared. It is not for journalists to judge whether a patient who has failed to follow the instructions of a doctor may be subjected to criminal prosecution. Only physicians can determine whether or not he is competent (mental degradation is one of the clinical symptoms of AIDS). But isolating such a patient in a closed hospital is fully legal. New supplements will soon go into effect, and it will become possible to conduct AIDS surveys with the sanction of the procurator. Introducing articles on the responsibility of medical workers for publicly revealing AIDS diagnoses and causing harm to a patient's health into RSFSR legislation has been proposed.

The demands contained in many letters in our mail go almost as far as secluding patients on some uninhabited isle. This is totally unrealistic. Let me recall that casual contact is not dangerous (this does not of course mean sharing toothbrushes—we were inaccurate on this

account, and we extend an apology to readers). The International AIDS Congress in Montreal recently confirmed the right of carriers to work, to medical services and to the protection of the law.

There is one last bit of news, even if it is not all that comforting. Out of the half-billion in hard currency allocated for acquisition of imported medicines, several tens of millions are earmarked for the purchase of disposable syringes, primarily for children's and maternity hospitals. Of course, this is only the first step. All of the society must be protected from infection. An appeal by scientists (IZVESTIYA, No 246, 1987) to test every hospital visitor for AIDS has been left unanswered for some reason by public health organizers. Only in this way, many specialists feel, will we obtain a more complete and reliable picture of the infection's spread. Doctor R. Dybov from Moscow feels we need to test everyone who worked abroad in the last few years—within the last 10 or more years.

This task is not all that simple from a technical standpoint. But besides fear and compulsion, there is also our personal sense of responsibility for the health of close ones! The threat that is confronting us is so serious that no opportunities should be left untaken, and not a single day should be wasted.

UDC 616.98:578.828.6]-092:612.017.1.064]-008.6]-078.73

Anonymous Testing of the Public for AIDS Virus Antibodies

54001022 Moscow *ZHURNAL MIKROBIOLOGII, EPIDEMIOLOGII I IMMUNOLOGII in Russian*
No 3, Mar 89 (manuscript received 12 Apr 88) pp 53-58

[Article by V. V. Pokrovskiy, A. I. Mazus, and A. I. Akimov, Central Scientific-Research Institute of Epidemiology, USSR Ministry of Health, Moscow]

[Text] In the light of the current pandemic caused by the human immunodeficiency virus (HIV), decisive importance in preventing the spread of AIDS attaches to prophylactic measures that consist primarily of instruction of the public on safe sexual behavior and to antiepidemic measures that constitute a timely identification of sources of infection and restriction of their activity.

The minimum antiepidemic activity in most countries of the world is limited to the testing of blood donors, which allows for a significant reduction in the transmission of the virus in blood and its derivatives. Moreover, testing of blood donors at blood transfusion clinics does not present any particular difficulties. A much more difficult problem is the testing of risk groups, i.e., persons who have a large number of sex partners, including male homosexuals, plus drug addicts who take narcotics intravenously.

The regular testing of prostitutes, drug addicts, and homosexuals does not ensure the testing of a large segment of persons who are actually subject to the

hazard of infection, because in most cases the social status of such persons is difficult to prove. Legislation that currently exists in a number of countries which prosecutes drug addiction, prostitution or homosexuality, as well as the traditionally negative public attitude toward behavior that threatens infection, presents an obstacle to the voluntary appearance of risk groups for testing for HIV antibodies.¹

A certain number of virus carriers can be identified by examining patients at medical facilities in which persons with sexually transmitted diseases are treated. However, the prevalence of self-treatment and underground treatment of homosexuals and prostitutes reduces the effectiveness of that measure.

In order to encourage groups at high risk for HIV infection to come in for examination, we opened an anonymous center for testing the public for HIV antibodies. Along with handling our basic objective, we attempted to identify the features of sexual behavior among the population and to determine how informed persons who came to be tested were about the modes of viral transmission, evaluate degree of infection risk for various population groups, and ascertain the effectiveness of hygiene education. Persons who came to the center for testing were asked to complete a special anonymous questionnaire.

The present report gives the results of the examinations and an analysis of the answers to the survey questions.

Materials and Methods

Beginning on February 25, 1987, three to five milliliters of blood from the ulnar vein was taken with a disposable syringe (which was of psychological significance) on a regular schedule of two times a week during non-work hours from all those who desired such testing. The blood sera was tested for HIV antibodies by a test system manufactured by the Wellcome Company, with subsequent verification with a Dupont immune blotting test. The results of the tests were reported by telephone one day later to the caller who identified himself by questionnaire number.

The survey of those requesting tests was conducted between February and July 1987, during an intensive medical education campaign on AIDS that was carried through the mass media. The survey included questions about sex, age, number of sex partners during the last five years, worrisome illnesses, sexual relations with foreigners or with persons of one's own sex, the use of needle-administered drugs, receipt of blood transfusions, and hospital stays. The completion of the anonymous questionnaire was an obligatory condition for the testing procedure. A physician spoke either personally or by telephone to the persons wishing to be tested. These discussions also enabled us to evaluate the public's awareness and knowledge about AIDS.

Table 1. Percent Distribution of Queried Persons Indicating Various Numbers of Sex Partners in Age Groups

	Number of sex partners										
Age, in years	0	1	2	3-5	6-10	11-20	21-30	31-50	50-100	Over 100	Not indicated
Women											
16-20	3.3	28	11.2	31.4	10.1	4.4	5.6	0	1.1	0	4.9
21-5	2.3	17.6	14.4	38.5	7.8	3.1	1.4	0.86	1.4	0.57	12.07
26-30	0.4	29.59	20.6	30.8	8.4	2.8	0.9	0.23	0.8	0.48	5
31-35	0.3	24.7	24.4	37.4	4.7	0.8	0	0.6	0.3	0.3	6.5
36-40	2.7	22.6	25.8	33.9	5.9	0.9	0	0.45	0.45	0	7.3
41-50	2.8	54.5	18.5	21.4	2.8	0	0	0	0	0	8.5
51 and older	19.7	43.9	4.4	14.2	1	0	0	0	0	0	16.8
Men											
16-20	34.5	9.9	13.5	29.6	8.6	0	1.2	2.46	0	0	0.24
21-25	3.41	14.2	10.2	36.4	12.5	7.1	2.56	1.4	1.7	0.28	10.25
26-30	0.4	20.8	9	39.4	10.3	4.8	2.4	1.4	1.2	0	10.3
31-35	2.3	26.4	8.8	42.6	7.6	2.5	0.5	2.3	1.13	0	5.87
36-40	3	24.7	14.1	26.5	8.84	4	0.88	2.21	0	0.44	15.33
41-50	9.4	43.46	8.42	24.2	10.52	1	1	1	1	0	2.1
51 and older	20.8	37.5	5.2	28.9	1.1	0.57	0	0	0	0	5.93

Results and Discussion

A total of 10,117 tests were performed in 1987, although the number of examined persons was in fact somewhat less than that number, since some particularly hypochondriacal persons submitted blood specimens as many as five times.

We identified 11 persons with HIV antibodies, four of whom were USSR citizens and seven of whom were foreigners. The epidemiological investigation of the infection among the Soviet citizens' has not yet been completed, and its results will be published in a separate report. All of the foreigners with antibodies to HIV had been previously identified in the course of scheduled examination procedures and came to be examined for the purpose of verifying previous test results.

On the whole, the effectiveness of anonymous testing has turned out to be highest in the USSR, where one person out of every 2,500 USSR citizens who were tested had HIV antibodies, with an average index of 1 per 70,000-90,000 persons for citizens of the USSR, including persons tested because they had contact with HIV infected individuals, and 1 per 200,000-300,000 person in the regularly screening of donors, venereal disease patients, pregnant women, and risk groups.

A total of 5,014 questionnaires were completed, and 511 of them were defective or unsuitable for analysis and apparently belonged to persons who did not trust the anonymity of the testing procedures. Of the 4,503 properly completed survey forms, 2,160 belonged to men and 2,272 to women. Seventy-one forms did not indicate the subject's sex. There were eight children under 15, of

which one girl and two boys were brought in to be tested by their parents in connection with a rape. One boy was brought in by his foster parents in order to certify his health, and the remaining children were tested in connection with blood transfusions (one was a hemophiliac).

Adult sexual activity was of the greatest interest for the purposes of our epidemiological investigation of HIV infection. Men indicated an average of 4.45 partners over a five-year period, and women indicated an average of 3.55 partners, which is sufficient for the spread of HIV, although that rate was not characteristic of the total population's sexual behavior, which, judging from the questionnaires, was varied (Table 1).

A rather considerable percentage of the individuals (28% of the men and women) of sexually active age indicated that they did not have any or had only one sexual partner over the last five years. This certainly indicates that there is a significant segment of the population that is out of danger with respect to HIV infection via sexual transmission. A total of 37.4% of the men and 32% of the women reported that they had three to five partners over the five-year period. This is considered the minimum hazardous level for the spread of HIV.

A total of 294 men (16%) and 176 women (7.9%) indicated that they had more than five partners. Guided by previously obtained data,² we classified those persons as a high-risk group, along with persons who indicated they had had homosexual relationships, had had sexual relations with foreigners, or had used drugs intravenously. That risk group (Table 2) comprised 800 persons (17.8% of the properly completed questionnaires). The group included 74 men who indicated they had had

homosexual relations, 25 lesbians, 44 persons who had used drugs intravenously, and 105 men and 229 women who indicated they had had relationships with foreigners. Many individuals in this group had several factors of risk of infection (see Table 2).

For example, of the men who had had sexual contacts with foreigners, 50 reported more than five contacts, and four of them were drug addicts and 14 were homosexuals.

The women who reported sexual relations with foreigners indicated an average of 9.48 partners over a five-year period (12 women did not indicate the number of partners), i.e., considerably higher than the average level of surveyed persons who indicated that they had sexual partners (3.85). A total of 14.9% of those persons had one partner, 10.9% had two partners, 39.4% had three to five partners, and 34.7% were considered in the highest-risk group also because of the number of sex partners in comparison to the 12.5% of all tested persons. This group consequently represents a considerable danger in terms of spreading HIV infection. Six of those persons (26%) were intravenous drug users, which increases the epidemiological role of this contingent. Among the 47 women who indicated more than 30 sex

partners, many were apparently prostitutes, as is reflected by the fact that 21 women of this group reported relationships with foreigners.

Male homosexuals and bisexuals, who constitute a generally acknowledged AIDS risk group and who reported their sexual behavior in the questionnaire, made up 3.3% of the surveyed persons. Four of those persons did not indicate the number of partners, 12 reported one partner, two persons reported having two partners, 15 reported three to five partners, and the remaining reported having more than five partners. Fourteen male homosexuals had sexual relations with foreigners. Thus, this group could be considered a bridge for the penetration of HIV into the USSR. In addition, three male homosexuals were drug users, two of which also had relations with foreigners, which could be of significance with respect to the virus' penetration into the drug-addict environment.

Women who have had homosexual relationships are not usually considered to be a risk group with respect to HIV infection, but a high incidence of drug addiction has been noted among them. Out of the 25 women who indicated that they engaged in homosexual relations, one woman reported drug use and relations with foreigners, and five reported having had relations with foreigners.

Table 2. Occurrence of Several Factors of Possible HIV Infection in a High Risk Group

Risk groups	HIV transmission factors							
	Men				Women			
	Homosexual relations	Drug addiction	Sexual relations with foreigners	More than five partners	Homosexual relations	Drug addiction	Sexual relations with foreigners	More than five partners
Homosexuals	74	4	14	37	25	1	6	3
Drug addicts	4	29	4	13	1	15	6	6
Persons who had sexual relations with foreigners	14	4	105	50	6	6	229	65
Persons with more than five sex partners	37	13	50	325	3	6	65	173

Unfortunately, the questionnaire did not enable us to identify the bisexual subjects who were obviously broadly represented in the homosexual group of the tested persons.

Forty-four persons (0.86% of those queried) reported the parenteral use of drugs. Three of the 12 women drug addicts who indicated the number of sex partners reported having more than 100 partners, including foreigners. This group had the highest average number of partners, i.e., 33.9. The male members of this group had an average of 26.8 partners. Four of that group had sexual relations with foreigners. Two indicated having had relations with 100 foreigners, one person reported 50 to 100 contacts, and one reported having 6 to 10 partners.

Drug addicts consequently represent a group with a triple risk for the spread of HIV.

Our analysis of the questionnaires took into consideration the probability of false answers to questions, particularly relating to risk factors. This was confirmed in the gathering of epidemiological case histories of four persons identified with HIV antibodies: they belonged to the high-risk group, but none of them completed the questionnaire correctly. Apparently, the true risk groups among the tested persons were two to three times greater than was indicated in the questionnaires. This underscores the high degree of effectiveness of anonymous testing methods and its attractiveness to the risk groups.

The presence among those tested of a large number of individuals who had received blood transfusions (14.7%)—apparently the primary reason for their coming to the center to be tested—indicates the public's special concern about possible infection via blood transfusions.

As it turned out, the overwhelming majority of the persons who were tested had been in hospitals at some time in the past, which in itself is of interest. However, this also demonstrates that this method of assessing the probability of intra-hospital dissemination of HIV is not very promising.

An enumeration of every possible complaint the subject could have was included into the questionnaire for the purpose of identifying the incidence of symptoms which were described in the literature as typical manifestations of AIDS: "sweating, fever, lymph node enlargement, weight loss, stool disorders," as well as typically neurotic conditions such as "insomnia, drowsiness, difficult breathing, nightmares." In order to avoid arousing suspicion on the part of the queried subjects, the types of complaints were listed randomly without any system. Only 5% of the queried persons listed no complaints. A total of 33.2% listed more than three complaints, and 1% listed all of the complaints indicated in the questionnaire. The preponderance of neurotic complaints (23.5% with insomnia, 25.3% with drowsiness, 9% with nightmares, etc.) certainly was indicative of the large percentage of mentally unstable subjects who had come in for testing. The presence of a large number of hypochondriacs who were looking for a "new disease" in their bodies was inspired by the press, which regularly published the "symptoms of AIDS," which, as we have seen, are easily discovered by predisposed persons. Among those who came in for testing, we quickly identified persons suffering from persecution complexes who complained that they had been deliberately infected with AIDS, etc. In that connection, beginning in 1988, a psychiatrist began to work in our anonymous testing laboratory in order to identify persons who were in need of psychiatric help.

In our view, anonymous testing, through the use of questionnaires, enables the collection of essential information regarding the vigor of various modes of transmission and the degree to which the public is aware of them. However, the query forms need to be more thoroughly adapted for purposes of research.

Anonymity of investigations not only promotes the appearance of persons at risk of infection, but also makes it possible to obtain valuable supplemental information that is not attainable in the course of regular testing.

Thus, the ten-month operation of our anonymous AIDS testing laboratory has proven to be highly effective in identifying infected persons and in assessing the potential intensity of various modes of HIV transmission and the role of various contingents in the introduction of the virus into the USSR.

Conclusions

1. Anonymous testing for HIV antibodies is a highly effective method of identifying sources of infection.

2. Questionnaire surveys of persons requesting anonymous testing can be used to obtain information about the intensity of virus transmission modes.

3. The USSR has a stratum of the population in which HIV is rapidly spreading.

4. The permeation of infection into the USSR can occur in hetero- and homosexual contacts with foreigners. The virus can permeate the drug addict segment through sexual contacts with foreigners and homosexuals.

5. When the mass media is used for AIDS prevention purposes, principal attention should be given to the sexual route of viral transmission.

Bibliography

1. WHO—Diagnosing AIDS and Controlling It: Current Status. Copenhagen, 1987.

2. Pokrovskiy, V. V., Yankina, Z. K., and Pokrovskiy, V. I., *ZHURN. MIKROBIOL.*, No 12, pp 8-11, 1987.

AIDS Testing Lab in Kiev

907C0060B Kiev *RADYANSKA UKRAYINA in Ukrainian* 13 Sep 89 p 4

[Interview by Ye. Krasnovskiy, under the rubric "Urgent Interview": "Kiev: AIDS Is Detected"; first paragraph is *RADYANSKA UKRAYINA* introduction]

[Text] The AIDS testing office at the Kiev Scientific Research Institute of Epidemiology of Infectious Diseases imeni L. V. Gromashevskiy has been operating for two years in the Ukrainian capital (Vorovskaya Street, 20). Our correspondent interviewed an infectious disease specialist from the institute, O. P. Purik.

Krasnovskiy: Tell us, please, about the results of your work.

Purik: Our office is the first of its kind in the Ukraine. Since we began operating, we have checked 7,000 people. Most of them are Kievites, but we have also had people in from other cities of our Republic. We have also checked foreigners from two Kiev higher institutes of learning.

Krasnovskiy: And?

Purik: Up until now everything has been OK. But recently we found two AIDS-stricken patients.

Krasnovskiy: Foreigners?

Purik: No. Both are Kievites, and both are young women. We guard patients' secrets, so we did not attempt to extract theirs. But it is absolutely clear—they got sick as a result of "free" sexual contact. What forces people to turn to us? Sometimes it is their excessive suspiciousness, but most of the time it is their fear for the possible consequences of their sins.

Krasnovskiy: What will be the fate of the two women?

Purik: They will undergo medical treatment, either at our Institute or in Moscow. But you certainly understand that all in all their fate is unenviable. This is why I would again like to tell everybody: there is no effective medicine for curing AIDS victims yet. Therefore, the main guarantee of preventing AIDS lies in a person's behavior and healthy way of life. I would like to inform the readers of our new schedule. We are open Monday, Wednesday and Friday from 1 p.m. to 7 p.m., and Tuesday, Thursday and Saturday from 8 a.m. to 2 p.m.

AIDS Discovered Accidentally in Foreign Students

907C0060A Kiev RADYANSKA UKRAYINA in
Ukrainian 8 Sep 89 p 4

[Article by Department Head, ZORYA POL-TAVSHCHNY newspaper, G. Grin, under the rubric "Extreme Situation": "Diagnosis: AIDS"; the article has a dateline of Poltava, September 7; the interview that is included was conducted by telephone]

[Text] Is it conceivable that a patient who has been diagnosed for AIDS today will be discharged from a hospital tomorrow?

It is inconceivable, but here is the fact: on July 14, 1989, the AIDS virus was for the second time found in the blood of Doambo Eme, a student from Burkina enrolled at the Kremenchug Civil Aviation School (the first positive result was obtained in a lab analysis by the city blood transfusion office on July 7). And on July 15 he was already discharged. The patient returned to hotel "Kremen," where he and his compatriots stay. They have come to the city along the Dnieper, according to a reference from the All-Union Cost-Accounting Foreign Economic Association "Aviaeksport" and the company "Aviatekhservis."

The group of Burkina citizens arrived at Kremenchug for classes on June 10. The day before, they were in Moscow, where they had to undergo a mandatory AIDS test. But... Here is how V. O. Korshenko, an oblast sanitary and epidemiology office physician in charge of AIDS supervision, described the situation:

"In Moscow the group was not tested for AIDS. Nor was it done in Kremenchug. On June 29 Doambo Eme was hospitalized at the 2nd City Hospital with nephritis. The same day, his blood sample was drawn for the enzyme immunoassay—the EIA. Results of two tests were positive. On July 15 a third blood sample was drawn, and on the evening of July 16 it was sent to the Problem Laboratory of the Kiev Scientific Research Institute of Epidemiology of Infectious Diseases. Kiev confirmed the diagnosis, but according to the regulations the Central Scientific Research Institute of Epidemiology, USSR Ministry of Health, has the last word. On August 4, a telegram arrived from Moscow; it confirmed that, yes, there is AIDS in Kremenchug."

In the meantime, the sick man had been staying in the hotel and had had contacts with the hotel staff, tourists from various cities in our country, and foreign tourists. He might even have had sexual intercourse. He had not been isolated at the 2nd City Hospital, either.

Only after the telegram from Moscow arrived, were competent city and oblast commissions organized. At their request, the entire Burkina group was subjected to a comprehensive checkup. The result was astonishing—the AIDS virus was detected in the blood of three more people. All four were sent to Moscow for hospitalization.

That is the story in a nutshell. We can only add that this extraordinary event gave rise to numerous rumors and gossip in the city and oblast. As early as August 24, a meeting of the Kremenchug Executive Committee of the City Council of Peoples Deputies took place. The manager of the Medical Sanitary Division of the Civil Aviation School V. M. Chernichok, epidemiologist Yu. V. Talnitskiy, and the assistant school commander in charge of foreign student affairs V. V. Studenitskiy were fired. Strict penalties were imposed on school commander P. S. Kondratenko, chief physicians of the 2nd City Hospital and City Blood Transfusion Station I. I. Bonchuk and V. V. Zinovyeva, and a number of other officials who had demonstrated exceptional apathy and negligence. City internal affairs agencies are conducting a search for promiscuous women who might have had contacts with the infected foreigners (and one is under suspicion). So, there still is a dangerous possibility that imported AIDS can get a Kremenchug passport.

CANADA

AIDS Victims Receiving Tainted Blood To Be Compensated

54200020A Toronto *THE GLOBE AND MAIL* in English 15 Dec 89 pp A1, A2

[Article by Mary Gooderham: "Some AIDS Victims To Be Compensated"]

[Excerpts] The Canadian government will provide \$150-million to people who have AIDS or the virus that causes the syndrome because of tainted blood products, Health and Welfare Minister Perrin Beatty said yesterday.

Calling it an "overwhelming public policy" decision, Mr Beatty said \$120,000 in compensation will be given to each victim as "disaster relief" and as a way of shoring up confidence in Canada's blood supply.

However, people who have contracted acquired immune deficiency syndrome or the human immunodeficiency virus from sources other than blood transfusions or blood products will not receive any of the money.

"We're taking this action today in order to ensure public confidence in Canada's blood supply system," Mr Beatty said. "It's not designed as an AIDS relief program as such."

The Department of Health and Welfare estimates that 1,250 people in Canada, 950 of them hemophiliacs, were infected with HIV from receiving blood transfusions or products from 1979 to late 1985, when the Canadian Red Cross started screening blood donations for HIV.

Members of the Canadian Hemophilia Society, which has been negotiating with the government for about 18 months to get compensation, said they were satisfied with the announcement although they originally asked for \$340-million.

"We're pleased that the government is taking leadership on this and has moved forward," said Elaine Woloschuk, president of the society.

Provincial governments are also being asked to provide compensation, she added.

About 41 percent of the 2,300 hemophiliacs in Canada, all of whom are male, have been infected with HIV, she said. Fifty-five of them have died from AIDS and another 55 have the full disease.

Mr Beatty said that of the 3,272 reported cases of AIDS to Dec 4, 163 are people who received it from blood products and 109 of them have died. [Passage omitted]

Canadians with HIV infection who can prove they were infected by blood received until late 1985 will each get four yearly tax-free installments of \$30,000, starting next year. If they have died, the money goes to their estate. [Passage omitted]

AIDS National Program Delay, Incidence Reported

Delay in National Program

54200025 Toronto *THE GLOBE AND MAIL* in English 8 Jan 90 pp A1, A2

[Article by Christie McLaren: "Long-Awaited Program To Fight AIDS Won't Be Available Until Next Summer"]

[Excerpt] Canada will not have a national strategy to combat AIDS until next summer—almost one year after Health Minister Perrin Beatty suggested he would produce the long-awaited strategy by the end of 1989.

"It's going to take rather longer than we liked...more towards the summer," Dr. Alastair Clayton, director-general of the Federal Centre for AIDS, said in a recent interview.

He blamed the delay on Ottawa's need to seek further consultation with the provinces and non-government organizations.

The delay has angered AIDS community groups, who expected to wait until February at the latest for a national, co-ordinated strategy to battle the fatal syndrome that is killing thousands of people in their prime.

"It's a big surprise to us," said Richard Burzynski, executive director of the Canadian AIDS Society in Ottawa.

"We were told publicly in Montreal in front of 10,000 people that there would be a strategy by the end of the year."

However, a spokesman for Mr. Beatty said the Minister made no firm promise.

"He never promised that," Marie-Diane Faucher, Mr. Beatty's press secretary, said in an interview yesterday.

Quoting from the Health Minister's speech to the Fifth International Conference on AIDS in Montreal June 3, Mrs. Faucher said that Mr. Beatty said: "I want to see a national AIDS strategy produced this year" after broad consultation.

Mr. Burzynski said the Minister's office "is passing the buck."

"The highest person in charge of health in this country has made a commitment to have an AIDS strategy...before the whole world."

He said Mr. Beatty recently suggested that there could be a delay of several weeks before a strategy is unveiled.

But "if it's true that it won't be announced till summer, then we're extremely disappointed."

Last fall, Ottawa produced a draft of what is called the first national strategy on AIDS.

The 56-page consultants' document—which called for “immediate, urgent action” to combat AIDS—outlined the proposed roles of the federal and provincial governments as well as community groups. It called for a new AIDS agency to oversee a dramatically expanded fight against the syndrome.

At the end of November, Mr. Beatty refused to reveal whether Ottawa would spend more time and money on the AIDS fight.

The draft strategy was circulated to the provinces and other groups for comment, but some provinces have been slow to respond, Dr. Clayton said.

After a second draft is issued, he said, it will be circulated for further comment before a final document is produced.

Mr. Burzynski said community groups that depend on government financing to provide social support to people with AIDS are running out of money, and cannot wait another six months to find out whether they will be able to continue to operate. [passage omitted]

3,373 Cases

54200025 Toronto *THE GLOBE AND MAIL* in English 10 Jan 90 p A9

[Article by Andre Picard: “Fiery Nationalist Leader Quits Quebec Politics To Help People With AIDS”]

[Excerpts] The leader of Quebec's radical Parti Independentiste is quitting politics to work with people with AIDS because he believes he has the illness himself.

“Hundreds of thousands of people every day are confronted with a paralyzing fear, the fear that ‘Oh my God, maybe I have AIDS,’” Gilles Rheaume said in an interview yesterday. “Rather than hide or sit at home and cry, I have decided to act.” He said he has not been tested for the human immune deficiency virus, but he has “good reason to believe” he is infected because two close friends died of AIDS in recent months. [passage omitted]

Mr. Rheaume, a former president of the powerful Societe St-Jean-Baptiste known for his fiery oratory, has joined the Montreal AIDS Support Committee and intends to use his political contacts to advance the cause of Quebecers with AIDS. [passage omitted]

As leader of the Parti Independentiste, Mr. Rheaume actively encouraged his members to spray-paint and vandalize stores that did not obey the province's sign laws, and he did not hesitate to verbally attack any person or group he believed threatened French-language rights in Quebec. He said he will promote a similarly militant approach among people with AIDS. [passage omitted]

Statistics published this week by the Federal Centre for AIDS indicated that 3,373 Canadians are known to have developed acquired immune deficiency syndrome, and 2,012 of them have died. In Quebec, 977 people have contracted AIDS, and there have been 537 deaths.

DENMARK

Health Agency Seeks Law To Trace HIV In Blood Supply

90WE0116B Copenhagen *BERLINGSKE TIDENDE* in Danish 27 Jan 90 p 4

[Article by Henning Ziebe: “Increased Monitoring of the Spread of HIV”; first paragraph is *BERLINGSKE TIDENDE* introduction]

[Excerpt] The Board of Health is seeking permission to examine anonymously “leftover” blood from a number of blood tests at hospitals and laboratories.

The Board of Health is asking the Health Ministry for permission to conduct HIV tests on a number of anonymous blood samples at hospitals and elsewhere to determine more precisely the spread of the AIDS virus in Denmark.

The board wants to test excess blood from groups of patients who would not be consulted in advance. For example, they may be patients at venereal disease clinics, women seeking an abortion, or other pregnant women who come in to the hospital. All personal information is deleted before the test, so that the results cannot be linked to the individual patient at a later time.

This method could give an indication that there is an increase in infection within a certain social group, so that the level of preparedness can be raised. For example, if a sudden increase is noted in the number of those infected with HIV among women seeking abortions, then this would signal an increase in infection among heterosexuals.

As soon as the minister gives the green light, the board will ask the State Serum Institute to have a working group prepare for the new tests. [passage omitted]

AIDS Research Grants Announced

90WE0106B Copenhagen *BERLINGSKE TIDENDE* in Danish 12 Jan 90 p 3

[Article by Henning Ziebe: “Millions to Research of HIV Testing”]

[Excerpt] [Passage omitted] A test for detecting very small quantities of the AIDS infecting HIV virus and the detection of a substance in the blood that looks like it could counteract bacterial attack are some of the things that the National Social Science Research Council has supported with millions of kroner. A total of 27 million kroner has been distributed to a number of projects.

Chief Physician Jens Ole Nielsen at the Hvidovre Hospital has received three million kroner for work with the HIV test. It can, among other things, be used for detecting very small quantities of the HIV virus, for example, in the umbilical cord blood to see whether the fetus is infected with HIV from the mother. But it can also be used to test the suspected silent carrier of HIV, for example, a partner of an infected person for 15 years. Abroad, it has been stated that the partner can very well

be infected, but that so few HIV viruses are transmitted that it has not been possible to detect it. At Hvidovre, it has not yet been possible to confirm this supposition. [passage omitted]

Insurance Firms Start Mandatory AIDS Testing

90WE0106A Copenhagen BERLINGSKE TIDENDE in Danish 8 Jan 90 p 2

[Article by Uffe Gardel "Insurance Companies: AIDS Tests Are Anonymous"]

[Text] AIDS test to be mandatory when taking out large life insurance; the customers will be guaranteed anonymity with regard to their insurance companies.

Life insurance buyers who are required to have an AIDS test need not be afraid to be registered with the insurance companies.

As discussed in BERLINGSKE TIDENDE on 12 October last year, the insurance companies will as of the beginning of the this year require a negative (not contagious) test for the HIV virus if a person wants to take out a life insurance contract for over 2 million kroner. The requirement applies to individually signed insurance contracts and compulsory pension schemes if the business employs less than 10 people.

But the customers do not have to tell the insurance company about the test result if it is positive. They only have to report their application for a life insurance. The company will never find out whether it was because of the test result or in the meantime, the customer received a better offer from another insurance company.

"We want to guarantee the anonymity to the insurance companies," says Bjorn Iversen, deputy director in the Assurandor Society. "An applicant for life insurance receives a message to go to his or her doctor to be tested. The applicant receives the test result directly from his or her doctor and the test result is not sent to the insurance company until the applicant has given permission."

Several months may pass from the time a person is infected with the HIV virus until the infection can be confirmed by a blood test. As a result, the insurance companies constantly run the risk of signing large insurance contracts for people who have recently been infected with the HIV virus. But the companies want to live with that risk, according to Bjorn Iversen. It is the test result at the time of application that counts.

If an HIV infection is confirmed after the person has signed an insurance contract, the individual is not obligated to report that to the insurance company.

Studies Reveal AIDS Spread Patterns

Geographic Distribution

90WE0079A Copenhagen BERLINGSKE TIDENDE in Danish 25 Nov 89 p 5

["AIDS Over The Entire Country"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Over half of the 484 Danes who have been determined to have had full-blown AIDS are now dead. All counties have experienced the problem.

New figures from the Board of Health indicate that all of the country's counties have AIDS patients.

The great majority of the 484 AIDS cases with which the Board is familiar stem from the area of the capital, particularly Copenhagen County, while Bornholm has two cases and North Schleswig county has one.

Of the 484 people found to have full-blown AIDS, 270 are dead today.

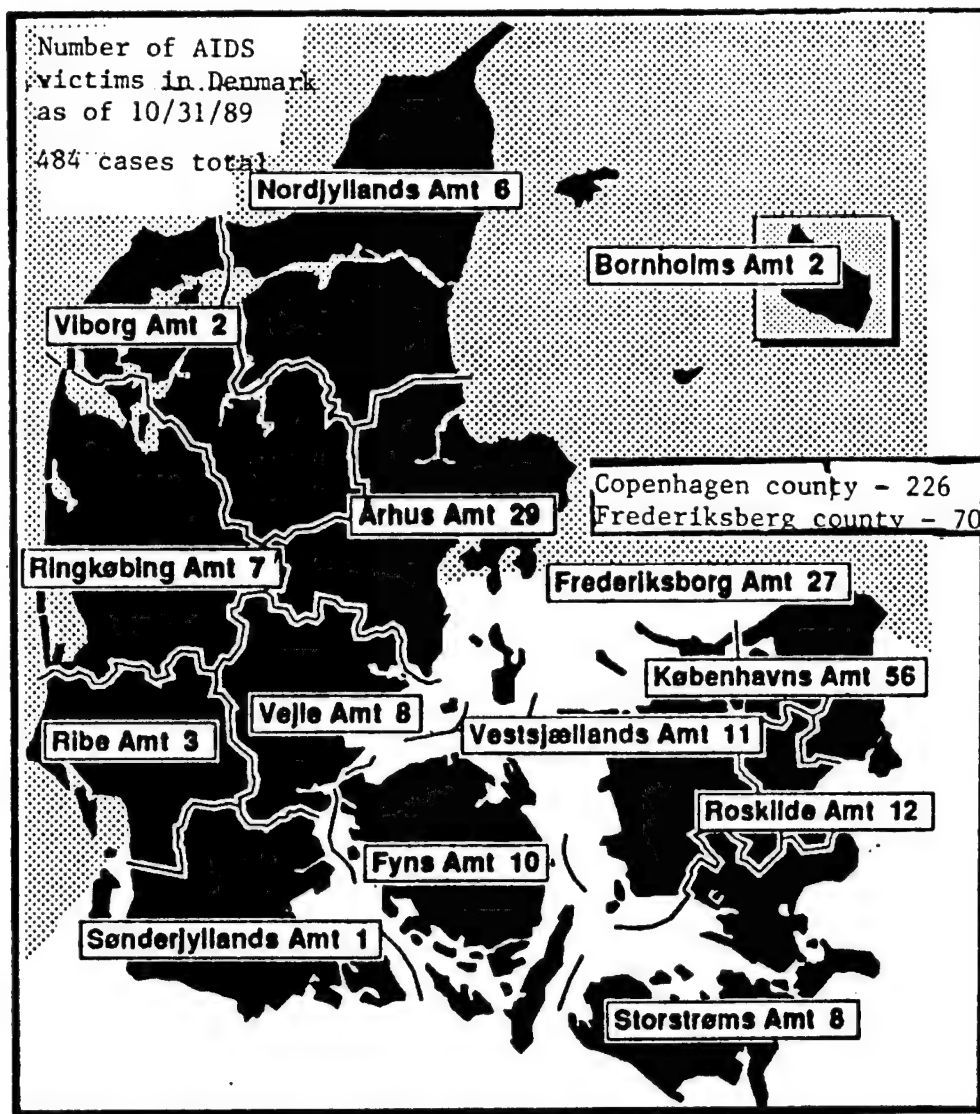
Most of those infected contracted the disease through sexual contact. This applies first and foremost to homosexuals, but 30 men and women have become infected through heterosexual contact.

Some 121 new AIDS cases have been registered this year so far, in comparison with 123 for all of last year and 98 for 1987. Approximately 2,000 Danes have tested positive for HIV infection, which can later lead to full-blown AIDS. Because many people in the at-risk groups are not tested, the Board of Health estimates that a total of 5,000 HIV-positives are present today.

AIDS Today

Reported AIDS cases as of 10/31/1989

Infected by	Men	Women
Homosexual contact	381	0
Intravenous drug abuse	9	8
Homosexual contact and intravenous drug abuse	6	0
Treatment of blood disease	12	0
Blood transfusion	3	7
Heterosexual contact	21	9
Birth or pregnancy	3	2
Unknown mode of infection	23	0
Total	458	26



25-30 Cases Monthly

90WE0079B Copenhagen BERLINGSKE TIDENDE in Danish 1 Dec 89 p 9

[Article by Henning Ziebe: "New HIV Infection Almost Every Day"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Denmark has almost reached AIDS-patient number 500, and 25-30 new cases of HIV infection are discovered every month—almost one per day. There is nothing to indicate that AIDS is under control.

On the contrary, there is a greater need for information about AIDS than ever before.

These words of warning were uttered by Chief Physician Jens Ole Nielsen, M.D., chairman of the AIDS Fund, to start off the worldwide AIDS day today.

"The significant reduction in the public effort against AIDS is also extremely dire. It is not enough to place condom placards on buses. A year-round prevention education effort is needed—and just at a time when many are probably tired of hearing about HIV and think that a temporary stagnation in the AIDS curves indicate that we can take it easier," said Jens Ole Nielsen.

"We are seeing that more women are becoming infected with AIDS, that married couples are becoming infected, that newborns are becoming infected, indicating that the disease is far from under control. It is good that the disease itself and the individual AIDS patient is perhaps not of such interest any more, but it would be unfortunate if the battle to prevent AIDS should come to a standstill. Therefore there continues to be a use for the

AIDS Fund in providing technical information which neither bores nor terrifies unnecessarily," said Jens Ole Nielsen.

"The life-expectancy of the individual AIDS patient has tripled over the last few years, and these patients can now live for a considerable number of years with the disease, if they receive proper treatment. Denmark has been in the forefront in proving this to be so, but as long as no vaccine exists, prevention is all-important," said the Chief Physician at the meeting, at which actress Susse Wold presented awards to producer Per Wenneck, physician Court Petersen, chef Robert Holm Jensen and journalist Ruth Northen.

This year's poster, a lithograph by Bo Bonfils, was also presented.

He received a kiss from Susse Wold, who said:

"You'll have to be satisfied with a kiss, since that's all we can afford."

However, a little money did subsequently come into the critically depleted fund, when hospital administrator Jorgen Frederiksen presented a check for 10,000 kroner from Copenhagen County.

Program Effectiveness Weighed

90WE0079C Copenhagen BERLINGSKE TIDENDE in Danish 7 Dec 89 p 11

[Guest commentary by Lone de Neergaard: "AIDS—A Mutual Responsibility"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Lone de Neergaard is chief physician of the Board of Health.

The European Women's Prize for 1989 was awarded Saturday at the EEC summit meeting in Strasbourg. There were 12 national candidates for the award, which is being given for the third time this year. Today's feature writer is Denmark's candidate on the basis of her great efforts in fighting HIV infection and AIDS.

People often say, why don't we hear more about AIDS. Others are saying, we can't stand to hear any more about AIDS. Who is right, and what is the problem, if there is one?

FACTS: In September of 1982, there were 50 AIDS cases in the United States and four in Denmark.

Presently, 500 patients here in Denmark will have received the grave diagnosis of AIDS. A good half of them are dead. Approximately 15 new patients are added every month. The death toll from AIDS is far lower than for other serious diseases such as cancer and heart disease, but AIDS strikes young people who would otherwise be healthy and active.

With respect to the concept of "lost years of life," AIDS is presently the sixth or seventh deadliest disease in the

United States, ahead of chronic lung disease and diabetes, and it will climb even higher on the list.

We know that we have 5,000 HIV-infected individuals who will develop the AIDS disease and die from it over the course of 5-10-15 years. They will be contagious throughout that entire time. Some 20-30 new HIV-positives are found every month.

The majority of HIV-positives are found among homosexuals and drug abusers. However, there tends to be more heterosexuals, more women and more children born with the disease among the new HIV-positives.

It must be stated that, at the moment, there appear to be no prospects for the appearance of an effective vaccine or a healing treatment over the coming years. We know how the disease is transmitted, and we know how to prevent it, but even if this prevention were to be implemented universally, we would still have a growing problem in treating and caring for those already infected, who will develop AIDS at some time or another.

History: 1985. Approximately 45 cases are found in Denmark, and the Board of Health proposes a special preventive effort, with stress on education.

1986. The problem is acknowledged politically, and funds are appropriated to establish a special AIDS secretariat in the Board of Health, for AIDS workers and for an intensive educational effort with respect to the general population.

1987. The Folketing adopts a resolution which requires that subsequent efforts be based on voluntary participation, anonymity, open, direct and honest information, the security of the individual who refers himself to the health authorities, and a desire to avoid all forms of discrimination. The Board of Health initiates an intensive information campaign.

1988. The law on venereal disease is repealed. The Board of Health undertakes, in cooperation with Radio Denmark a major information campaign.

1989. The law on registered partnership between homosexuals is adopted. The Board of Health initiates no central information campaign.

AIDS is an unusual disease—with respect to its severity, the speed with which research has achieved results and the nature and scope of changes in the attitude of society toward it.

Information campaign:

The Danish effort has been characterized by:

- the formulation and tone of the public information campaign
- the relationship between the highly visible centralized and less visible decentralized effort. The centralized effort can stimulate attention and provide knowledge, whereas local activities can provide more highly

nuanced opportunities for the dialogue which is necessary to change attitudes and behavior.

—cooperation with those volunteer organizations which both qualitatively and quantitatively mount an effort which the public sector could never undertake.

These traits are present in the campaigns of most other countries, and they are recommended in WHO's program. However, their application in Denmark has achieved a form which has won international attention and acknowledgement.

What have we achieved?

Scarcely three years have gone by, and the battle to change behavior is long and hard. No one had heretofore undertaken an information campaign of corresponding scope. No one imagined that an outward campaign alone could change anything as fundamental as sexual habits. However, these campaigns are an extremely effective and necessary part of a long-term and, consequently, more compound effort.

This is one of the problems, maintaining the effort. Interest waxes and wanes independent of the magnitude of the problem.

Interest will not arise of itself, it must be created by someone. There is no doubt that the media have been and are thoroughly decisive in arousing the interest of both the public and politicians in the subject. However, the media's purpose is to pass along news, and when there is no news pertaining to HIV or AIDS, there is no interest from the media. It would not be possible to purchase sufficient attention in the broadcast and print media, even with much greater resources. For these reasons, a local effort in the daily environment of the individual is now more important than ever.

The Danish effort has been strongly criticized—and internationally famous. There are many good and bad reasons, the latter among them, why many individuals and groups cultivate special interests by means of the AIDS debate. Knowledge of the situation naturally makes it enjoyable for the informed critic, but it confuses the picture for the average citizen.

Criticism has been directed against the great emphasis being placed on the condom. This is understandable per se, but unfortunately no safer or more acceptable means of limiting the infection exists. In any case, no one has come forth with better ideas, since we cannot consider celibacy or an eternally monogamous relationship as realistic life styles for many people. The starting point is therefore that the use of condoms, even though they do entail some uncertainty, is much, much safer than no condoms.

Additionally, the problem is that the subject is far too extensive and complicated to allow for any comprehensive and in-depth discussion to take place in the media within the limits of the air time and press offered.

Many studies and opinion polls which have been taken indicate that it does help to provide information, even if the ultimate: goal-behavior patterns—is not reached. Developments in daily conversation, where terms such as anal sex and condom are accepted in a completely different way than previously are another example of this. Condom sales have increased, although this phenomenon is difficult to evaluate precisely. Despite some oscillations, the incidence of venereal illness has shown a definite downward trend, and today it is at its lowest point in over 100 years.

What then should happen in 1990?

Our greatest responsibility to the protection of the future in this context is to find a way to grab the future interest of the population, the media and politicians with respect to the necessary changes in behavior—and to keep it. It is hard to inform people if they are not receptive to the information. A year ago the message was "we can't stand to hear any more about AIDS," and today we ask "why aren't we hearing more about AIDS." This balance is problematic, but these difficulties will be solved.

The most important task in the coming year will be to revitalize interest among the people, to influence persons exhibiting risk behavior, to influence young people with respect to the establishment of sensible sexual habits, including the use of condoms, which also prevent other sexually transmitted diseases.

The spreading of contagious disease continues among gays and bisexuals, despite all of the information which has been provided. How can we prevent this? This effort must be carried out in close cooperation with the National Association of Gays and Lesbians.

The effort directed towards drug abusers continues to be inadequate. This effort requires the availability of treatment, which is resource-intensive. The spreading of contagious disease continues in this group, with its accompanying risk of spreading to the heterosexual portion of the population.

Employment problems pertaining to the firing of HIV-positives indicate that acceptance and tolerance of HIV-positives as a minority group is a long way off, and this problem should be one of our educational targets. An effort must be made in this area.

Finally—the fight against AIDS is a common responsibility, and not the responsibility of the Board of Health alone.

Greenland Surgeon General Issues AIDS Warning
90WE0085A Nuuk GRONLANDSPOSTEN in Danish
5 Jan 90 p 7

[Article by Ole Dall: "Gloomy Report on Greenland Deaths"; first paragraph is GRONLANDSPOSTEN introduction]

[Text] The suicide rate in Greenland is the highest in the world. In his annual report, the surgeon general asks for

political intervention in the overindulgence in alcohol. Hopes to avoid AIDS disaster, but "changes in sexual conduct are necessary."

Prohibit consumption of alcohol at all places of work.

In his annual report, the surgeon general of Greenland, Jens Misfeldt, gives the preceding advice to Greenland politicians. At the same time, he asks for "clear political signals regarding the overindulgence in alcohol and a continued and diversified information campaign to change attitudes."

The annual report also mentions the high murder and suicide rates in Greenland. Nonnatural deaths—suicides, homicides, and accidents—account for approximately one-third of all deaths.

Surgeon general Jens Misfeldt and Jorgen Thorslund, M.A., have analysed the large number of suicides. Thorslund notes that "the suicide rate is the highest one ever recorded in a society."

Standing Between Two Cultures

Urban societies that have fallen behind in development are especially hit by suicides, which are often committed by jobless or casual laborers. Consumption of alcohol is often a contributory cause in impulsive acts of suicide.

Jorgen Thorslund, furthermore, points out that the large number of suicides "may result from the fact that a group of young people does not have the possibility of adopting either a traditional or a modern culture."

Methods of upbringing are also mentioned as a possible explanation of the record-breaking suicide rate.

"A traditional method of upbringing where one ridicules the child or ignores it by way of punishment instead of scolding it may give the child a feeling of not being good enough. Such a method of upbringing may conceivably predispose the child to committing suicide," it says in the annual report.

On the issue of homicides, the report states that they often occur after quarrels, and "usually both killer and victim are under the influence of alcohol."

When it comes to venereal diseases, such as gonorrhea or syphilis, there is a considerable decline in the number of reported cases, but compared with Denmark, the figures remain high.

The many sexually transmitted diseases in Greenland earlier caused the surgeon general to give the AIDS alarm. Jens Misfeldt notes that "marked changes in sexual conduct are necessary," but he expresses the hope that a disastrous spread of the disease may be avoided.

The fear of an AIDS disaster has, among other things, led to the following examinations for HIV infection:

- All patients examined for venereal diseases must also be offered a blood test for HIV antibodies.

- In connection with the first medical examination at which pregnancy is ascertained, all pregnant women must be offered a blood test for HIV antibodies.
- All blood donors in Greenland must be examined for HIV antibodies with every drawing of blood and, moreover, at least once a year.

IRELAND

Reportage on Spread of AIDS Continues

Openness Urged, Statistics Given

54500053 Dublin THE IRISH NEWS in English
2 Dec 89 p 5

[Article by Mary Carolan]

[Text] A Larne priest who is dying of AIDS said yesterday that people must talk openly about the disease instead of hiding from it.

Father John White, a 43-year-old Kiltegan Priest, was in Dublin for World AIDS Day sponsored by the World Health Organisation. Based in London where he is a counsellor with the Lighthouse Hospice and works with the Catholic AIDS League Helpline, he said: "We must talk about it. There is no easy way around it. People have asked me about my 'condition' or that type of thing and they think they are being kind. I talk openly about it. It is only a virus at the end of the day.

"It doesn't matter whether you are man or woman, black or white, or your sexual orientation. It doesn't matter even if you are wearing a Roman collar."

Fr White, a former pupil of St Comgall's Secondary School in Larne who has celebrated Mass in St MacNissis was speaking after a poll revealed that one in three people in the Republic believe AIDS can be picked up through shaking hands or using cutlery touched by AIDS sufferers.

"In the Republic, I think there is a kind of wait and see attitude and hope that it might go away. I don't think there is any cohesive plan to deal with AIDS," he said.

"In London I work with so many Irish people with AIDS. Their families coming over are wonderful people who are coming back here feeling totally unsupported, so locked up in fear that they can't tell even members of their own family that their son or daughter died of AIDS in London. That is a terrible statement about where we are."

Since monitoring began in the Republic five years ago, 113 known fully blown AIDS cases have come to light and 54 people have died. The AIDS Action Alliance says that the South's doubling of its AIDS figures every 10 months is the highest in the EC.

And the Union of Students in Ireland (USA), representing 120,000 students in third level education both North and South has called on the Irish Government to undertake an AIDS awareness campaign to erode people's ignorance of the virus and to provide more medical facilities for carriers.

Ann Marie Keary, vice-president of USI, said in Dublin: "There has to be proper support for HIV sufferers and a full information campaign for safe sex. And whatever objections people have about the use of condoms, they are far outweighed by the growing crises of AIDS sufferers in Ireland.

Increase Among Women

54500053 Dublin IRISH INDEPENDENT in English
30 Nov 89 p 6

[Article by Geraldine Collins and Michael Lavery]

[Text] The real figure for Irish women infected with the HIV virus could be 10 times more than the 120 known to be infected, a health expert warned yesterday. She said a big increase in the number of AIDS mothers was likely.

Dearbhla Murray, an Irish-born World Health Organisation (WHO) consultant on AIDS, said up to 1,200 Irish women might be HIV positive and over 60 percent of them would go on to develop full-blown AIDS.

Speaking at a seminar in the Mater Hospital, Dublin, Ms Murray described the HIV infection in women as "hidden, silent but growing epidemic."

She spoke of the lack of attention being given to women in the AIDS epidemic and said that, where other infected groups were pitted or seen as innocent victims, women were "blamed" by society for giving birth to HIV-infected babies. The attitude towards women at risk, such as drug users, were that they were "hopeless and irresponsible for producing infected babies."

Ms Murray told the seminar, organised by the Women in Social Work committee of the Irish Association of Social Workers, that there had not been any largescale search for HIV-positive women.

Women did not perceive themselves as at risk of infection and it was difficult to reach them. "Young sexually active women are not inclined to practice safer sex," she warned.

However, it was women, the traditional carers, who had taken on the role of carer for husbands, boyfriends or children in the course of the epidemic—often to the detriment of themselves.

A joint presentation by Shane Butler, lecturer in Social Studies at TCD, and Marguerite Woods, counsellor in the Ana Liffey Project, also pointed to the caring role played by women in the AIDS epidemic. "The advent of HIV has merely served to highlight the tendency of women to care for others," they said.

Their research showed that to date HIV was mainly a problem for working class women from deprived urban areas.

ITALY

High Percentage of Women, Children With AIDS

90WE0075A Milan L'UNITA in Italian 29 Nov 89 p 9

[Article by Ennio Elena: "Data Furnished by the Ministerial Commission: Children and Women Stricken With AIDS in Italy More Than in America"]

[Text] The World Health Organization has made an apocalyptic prediction: There is a danger that, in the future, 50 percent of all adolescents will get AIDS, acquired immune deficiency syndrome. This was reported by Professor Mauro Moroni, expert in infectious diseases, vice president of the National Association for Combatting AIDS, and member of the national commission of the Ministry of Health concerned with the terrible sickness, in the course of a press conference held upon the opening of a new pavillion of the "Sacco" hospital, where there is presently a large number of patients with AIDS. The same prediction had been reported a few days earlier in another meeting dedicated to AIDS. At that meeting, quoting the same source, a discussion was held on the risk faced by 15- to 20-year-olds to contract AIDS during the next 15 years. This risk was placed at between 45 and 50 percent. It must be said that, in addition to being catastrophic, these forecasts are theoretical and are based on the hypothesis of preventive action failing and life styles not changing. Prof. Moroni himself confirmed this in an interview. They are therefore to be taken with reserve because, if underestimating and ignoring them would be a mistake, so would raising alarms over them.

However, it must be added that the figures furnished by Prof. Moroni confirm, apart from any self-interested inflation, the seriousness of the problem. As of last 30 September, there were 160,000 cases reported in the world and 600,000 estimated. By 1991, 500,000 cases are foreseen, and they should reach to no fewer than 5,000,000 in the year 2000—but here we are still in the field of predictions. Not a prediction but an estimate is the one that indicates as a variable figure of from 6,000,000 to 10,000,000 the number of serum positive persons in the world. (A person is serum positive when he develops the antibodies specific to the HIV, the virus of human immune deficiency.) In Europe, Italy is in second place (data of last 30 June) with 4,158 cases, preceded by France (7,149), and followed by the Federal Republic of Germany (3,872). The total number of cases in Europe as of 30 June was 25,905.

As far as Italy is concerned, on 30 September last, the number of cases reported was 4,663. At the head of this sad listing was Lombardy (1,536 cases), followed at a considerable distance by Latium (608). Particularly worrisome were the data concerning women and children

stricken with AIDS in Italy. The former represent 19 percent, as compared with 9.3 percent in the United States and 12 percent in the rest of Europe; the latter record a percentage of 3.2 percent, as compared with 1.6 percent for the United States and 1.2 percent for the rest of Europe.

It is to be noted that, while the highest percentage of patients consists of drug addicts (68.2 percent), followed by homosexuals (16.2 percent), a considerable jump in cases due to heterosexual relations is foreseen. By 1992, these should pass from the present 6.8 percent to 19 percent. This is a phenomenon in rapid growth, one that in the United States represents the chief cause of death of youth but that, Moroni said, has fortunately not recorded the exponential growth feared.

SWEDEN

AIDS Prevention Funds Cut in 1990 Budget

90WE0114B Stockholm DAGENS NYHETER in Swedish 20 Dec 89 p 12

[Article: "Fight Against AIDS Gets Less Money"]

[Text] The amount of money appropriated for preventive measures in the fight against HIV and AIDS will decrease by 11 million [kronor] in the national budget to be presented in January, Tidningarnas Telegrambyrå [Swedish Press Agency] has learned. The National Board of Education will receive no special grants and in other areas the meat ax principle will be applied.

The overall figure will be 215 million kronor, compared with 226 million for the current budget year.

Subsidies to the major cities—120 million—remain in the budget. The government has announced that towns and county councils in the major urban areas should no longer need special development grants.

SWITZERLAND

Cost of Treatment of HIV-Positives Debated

90WE0086A Zurich NEUE ZUERCHER ZEITUNG in German 30 Dec 89 p 24

[Text] Swiss federal authorities are having to deal with the issue of what social services HIV-positive persons who have not yet developed AIDS are entitled to. The question demands an answer because drugs are already being tested which can delay the manifestation of the disease.

Controversial Definition

In order for provident care to be recognized by health insurance carriers, HIV-infected persons would have to be categorized as being ill. Those concerned regard such a categorization as discrimination. In today's practice, only patients in whom the disease has manifested itself

and is readily apparent by the presence of infections and tumors are considered to be AIDS sufferers. This opinion is shared by the World Health Organization and the Federal Office of Public Health. In this way, discrimination against AIDS-infected persons—for example by the health insurance carriers or in the workplace—is supposed to be avoided. The costs of hospital care and treatment by physicians are assumed by the health insurance carriers after the open manifestation of the disease. At present, most AIDS sufferers in Switzerland are being treated with the AIDS drugs AZT or Zidovudine under strict medical supervision.

A recently completed study in the United States involving 2,300 HIV-infected persons with already altered blood composition and antibodies has shown that AZT can delay the manifestation of the disease. A clinical study is also to be conducted in Switzerland in 1990 in which HIV-infected persons who already show weakening of the immune cells are to be treated with AZT. Reservations are being expressed concerning this treatment, however. Indeed, at the AIDS Conference in Montreal in June it was characterized as "disappointing." The effectiveness of AZT only lasts for the first several years and the side effects and aftereffects are barely known. Nonetheless, early preventive treatment is advocated in the United States. If the Swiss study produces convincing results, the question will still remain as to who should pay. The costs are estimated at between 4,000 to 6,000 Swiss francs per patient per year.

Who Pays?

According to the Health Insurance Fund Law, the insurance carriers are not obligated to assume the costs of preventive treatment. The Association of Swiss Physicians (FMH) takes the position in its "AIDS Concept Paper" that the HIV infection—from the moment of its appearance and independent of its stage of development—is a disease, and that the costs for its treatment should be borne by the health insurance carriers. The Concordat of Swiss Health Insurance Funds says something different: If HIV-infected persons are regarded as suffering from an illness, the health insurance carriers want to reserve the right to include a proviso against providing coverage for them. The Swiss AIDS Assistance Organization is opposed to classifying HIV-positive persons as ill in any case. In its opinion, this step has discriminatory consequences on the social level.

Compromise Solution?

A compromise solution already exists in the United States where HIV-infected persons are not categorized as being ill. The costs of provident care are covered by a special credit. The Federal Office for Social Security regards it as feasible to retain the present legal principle and to create a supplementary fund in Switzerland which would be financed in part by the federal government and in part by the health insurance providers. The issue has already been discussed in the appropriate federal offices. According to Peter Koch of the Federal Office for Social

Security, who is also a member of the Swiss AIDS Commission, no request for an assumption of expenses for provident care has yet been submitted to his office. A decision by the Swiss Federal Council is not expected until the early months of the coming year.

The series of problems associated with provident care for AIDS-infected persons is, on the other hand, not on the agenda of the Experts' Commission which is doing preliminary work on a revision of the Health Insurance Fund Law, explained Otto Schoch, commission president and Councilor of States (Appenzell Ausserrhoden, Liberal-Democratic Party) in response to a query. Nonetheless, proceedings instituted by an AIDS-infected person against Gruetli Insurance in this regard are pending before the Swiss Insurance Tribunal, declared a spokesman for the Concordat of Swiss Health Insurance Funds. As a precedent-setting case, the decision could have an influence on judicial administration.

UNITED KINGDOM

Health Department Reports AIDS Statistics

54500039 London *THE DAILY TELEGRAPH* in English 12 Dec 89 p 4

[Article by David Fletcher, health services correspondent and Steve Connor, technology correspondent: "22 Children Among Victims of AIDS"]

[Text] A further 43 people died of AIDS last month, bringing the total number of 1,465, the Department of Health announced yesterday. The number of cases rose by 62 to 2,779, of whom 2,250 are homosexual or bisexual men.

Children are increasingly being affected. Twenty-two children of infected parents have developed the disease and 11 of them have died.

Of 112 women who have developed AIDS, 30 caught the infection abroad.

Tests of the most promising technique so far for developing an AIDS vaccine—using a "pickled" virus which has been shown to protect laboratory monkeys—will begin in Britain within the next few days.

Researchers at the Centre for Applied Microbiology Research at Porton Down are waiting for a laboratory reagent to arrive from the United States so that they can repeat the tests of the experimental vaccine used by scientists at Tulane University, New Orleans.

The reagent, called threonyl muramyl dipeptide, is made by Syntax Research in Palo Alto, California and was used to help Tulane's experimental vaccine protect a group of rhesus macaque monkeys against a virus that is similar to the human AIDS virus, said Dr Peter Greenaway, deputy head of pathology at the centre.

The British researchers will inoculate rhesus monkeys with the reagent along with a whole "pickled" virus that has been killed by soaking it in formalin. The hope is that the killed virus will stimulate the immune system of the monkeys.

"There are some difficulties associated with it," said Dr Greenaway. "It is all going to take a long time."

The following table shows the number of United Kingdom AIDS cases analysed by patient characteristics. The figures show cumulative totals up to the end of last month:

	Males	Females	Total	Deaths
Homo/Bisexual	2250	—	2250	1165
Intravenous drug abuser (IVDA)	59	19	78	35
Homo/Bisexual and IVDA	38	—	38	17
Haemophilic	163	2	165	111
Recipient of Blood:				
Abroad	11	15	26	18
UK	14	7	21	16
Heterosexual:				
Partner with high risk factors	7	15	22	9
Others:				
known exposure abroad	66	30	96	49
no evidence of exposure abroad	9	4	13	7
Child of at risk/infected parent	9	13	22	11
Other/Undetermined	41	7	48	27
Totals	2667	112	2779	1465